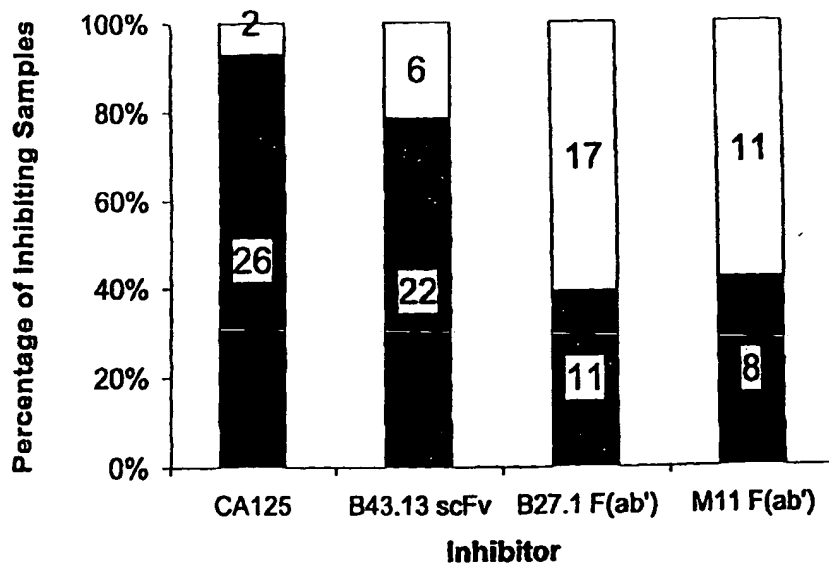




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(54) Title: THERAPEUTIC COMPOSITIONS THAT PRODUCE AN IMMUNE RESPONSE BY ALTERING THE ANTIGEN



(57) Abstract

The invention concerns methods and compositions for stimulating a host's immune response, particularly for the treatment of cancer. The methods and compositions according to the invention use binding agents such as antibodies to generate an immune response to a predetermined soluble antigen. In accordance with the invention, the binding agent-soluble antigen complex alters the immunogenic condition of the host by generating new immunogens that are recognizable by the immune system. This leads to a humoral and/or cellular immune response.

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THERAPEUTIC COMPOSITIONS THAT PRODUCE AN IMMUNE RESPONSE BY ALTERING THE ANTIGEN

Technical Field

The invention concerns methods and compositions having increased therapeutic effect by altering the immunogenicity of the active component without decreasing the active component's antigenicity. Typically, a beneficial therapeutic effect is derived from altering the state of the immune system, and for some embodiments of the invention, e.g., cancer immunotherapy, immunogenicity is induced, activated, or increased. The invention also concerns methods and compositions for stimulating a host's immune response, particularly for the treatment of cancer. The methods and compositions according to the invention use binding agents such as antibodies to generate an immune response to a pre-determined antigen.

Background Art

In vertebrates, the mechanisms of natural and specific immunity cooperate within a system of host defenses, the immune system, to eliminate foreign invaders. The hypothesis that the immune system ought to be able to recognize tumors and thus could be recruited in the fight against cancer has been a driving force behind outstanding efforts of many immunologists. This approach is attractive because of the unique ability of the immune system to specifically destroy affected cells while mostly sparing normal tissue. Moreover, the initial immune response is known to leave behind a long-term memory that serves to protect from the same disease in the future. No drug treatment for cancer can claim such specificity or memory.

An immunotherapeutic strategy for the treatment of cancer and other diseases or conditions involve one or more components of the immune system to trigger a complex cascade of biological reactions focused on eliminating a foreign molecule from the host.

Vertebrates have two broad classes of immune responses: antibody responses, or humoral immunity, and cell-mediated immune responses, or cellular immunity.

1 Humoral immunity is provided by B lymphocytes, which, after proliferation
and differentiation, produce antibodies (proteins also known as immunoglobulins) that
circulate in the blood and lymphatic fluid. These antibodies specifically bind to the
antigen that induced them. Binding by antibody inactivates the foreign substance, e.g.,
5 a virus, by blocking the substance's ability to bind to receptors on a target cell or by
attracting complement or the killer cells that attack the virus. The humoral response
primarily defends against the extracellular phases of bacterial and viral infections. In
humoral immunity, serum alone can transfer the response, and the effectors of the
9 response are protein molecules, typically soluble, called antibodies. Lymphocytes
produce these antibodies and thereby determine the specificity of immunity; it is this
response that orchestrates the effector limbs of the immune system. Cells and proteins,
such as antibodies, that interact with lymphocytes play critical roles in both the
13 presentation of antigen and in the mediation of immunologic functions.

 Individual lymphocytes respond to a limited set of structurally related antigens.
As noted in more detail below, this function is defined structurally by the presence of
receptors on the lymphocyte's surface membrane that are specific for binding sites
17 (determinants or epitopes) on the antigen.

 Lymphocytes differ from each other not only in the specificity of their
receptors, but also in their functions. One class of lymphocytes, B cells, are precursors
of antibody-secreting cells, and function as mediators of the humoral immune response.

21 Another class of lymphocytes, T cells, express important regulatory functions,
and are mediators of the cellular immune response. The second class of immune
responses, cellular immunity, involve the production of specialized cells, e.g., T
lymphocytes, that react with foreign antigens on the surface of other host cells. The
25 cellular immune response is particularly effective against fungi, parasites, intracellular
viral infections, cancer cells and other foreign matter. In fact, the majority of T
lymphocytes play a regulatory role in immunity, acting either to enhance or suppress
the responses of other white blood cells. These cells, called helper T cells and
29 suppressor T cells, respectively, are collectively referred to as regulatory cells. Other T
lymphocytes, called cytotoxic T cells, kill, for example, virus-infected cells or tumor

1 cells. Both cytotoxic T cells and B lymphocytes are involved directly in defense against
infection and are collectively referred to as effector cells. There are a number of
intercellular signals important to T cell activation. Under normal circumstances an
antigen degrades or is cleaved to form antigen fragments or peptides. Presentation of
5 antigen fragments to T-cells is the principal function of MHC molecules, and the cells
that carry out this function are called antigen-presenting cells (APC: including but not
limited to dendritic cells, macrophages, and B cells).

The time course of an immune response is subdivided into the cognitive or
9 recognition phase, during which specific lymphocytes recognize the foreign antigen; the
activation phase, during which specific lymphocytes respond to the foreign antigen; and
the effector phase, during which antigen-activated lymphocytes mediate the processes
required to eliminate the antigen-carrying target cells. Lymphocytes are immune cells
13 that are specialized in mediating and directing specific immune responses. T cells and B
cells become morphologically distinct only after they have been stimulated by an
antigen.

The capture and processing of an antigen by APCs is essential for the induction
17 of a specific immune response. APCs capture antigens via specific receptors, such as Fc
receptors or mannose receptors, or the APCs non-specifically phagocytose antigen. The
capture through specific receptors is more efficient; antigens can be presented better
when in complex with, for example, an antibody. Such a complex can be formed by
21 injecting an antibody to a circulating antigen (e.g., PSA or CA 125), and the immune
complexes can be targeted to dendritic cells and macrophages through the Fc-receptors
present on these cells. However the high number of Fc receptors on neutrophils may
considerably limit this process.

25 Immunotherapy is based on the principle of inducing or activating the immune
system to recognize and eliminate undesirable cells, such as neoplastic cells. The key
elements in any immunotherapy is to induce or trigger the host immune system to first
recognize a molecule as an unwanted target, and then to induce the system to initiate a
29 response against that molecule. In healthy hosts, the immune system recognizes surface
features of a molecule that is not a normal constituent of the host (i.e., is "foreign" to

1 the host). Once the recognition function occurs, the host must then direct a response
against that particular foreign molecule.

Both the recognition and the response elements of the immune system involve a
highly complex cascade of biological reactions. In most immunologically based
5 disorders, at least one of the steps in the recognition phase, or at least one of the steps in
the response phase, are disrupted. Virtually any disruption in either of these complex
pathways leads to a reduced response or to the lack of any response. The inability of
the immune system to destroy a growing tumor has been attributed, among other
9 factors, to the presence of tumor-associated antigens (TAA) that induce immunological
tolerance and/or immunosuppression. For example, in some kinds of cancer, the cancer
itself tricks the host into accepting the foreign cancer cell as a normal constituent, thus
disrupting the recognition phase of the immune system. The immunological approach
13 to cancer therapy involves modification of the host-tumor relationship so that the
immune system is induced or amplifies its response to the TAAs. If successful, inducing
or amplifying the immune system can lead to tumor regression, tumor rejection, and
occasionally, to tumor cure.

Antigenicity and Immunogenicity

As used herein, if a binding agent can recognize an antigen, i.e., can bind to or
interact with an antigen, then the antigen is said to be antigenic. If the immune system
21 can also mount an active response against the antigen, a complex containing the antigen,
a portion of the complex, or the binding agent itself, it is said to be immunogenic.

The conventional definition of an antigen is a substance (such as an antibody or
an antigen) that can elicit in a vertebrate host the formation of a specific antibody or the
25 generation of a specific population of lymphocytes reactive with the substance. As
frequently occurs in science, however, it is now known that this definition, although
accurate, is not complete. For example, it is now known that some disease conditions
suppress or inactivate the host immune response, and the substance that would have
29 been expected to elicit an antibody or generate specific lymphocytes, does not. Thus,
not all antigens are capable of eliciting a human immune response.

1 Typically, the antibody's capability of binding the antigen is based on highly
complementary structures. That is, the shape of the antibody must contain structures
that are the complement of the structures on the antigen. The portion of the antigen to
which an antibody binds is called the "antigenic determinant", or "epitope". Thus
5 antigens are molecules that bear one or more epitopes which may be recognized by
specific receptors in an immune system, a property called antigenicity.

Immunogenicity refers to the property of stimulating the immune system to
generate a specific response. Thus, all immunogens are antigens, but not vice-versa.
9 Although an immune system may recognize an antigen (e.g., binds to a T or B cell
receptor), it does not respond to the antigen unless the antigen or an antigen-containing
complex is also immunogenic.

An immune response to a particular antigen is greatly influenced by the
13 structure and activity of the antigen itself, as well as myriad other factors. In some
cases, the immune system is not able to generate an immune response to a particular
antigen, a condition that is called tolerance.

In influencing whether an antigen is immunogenic or immunotolerant, an
17 important characteristic of the antigen is the degree of difference between the antigen
and similar molecules within the host. The most immunogenic antigens are those that
have no homologs in the host, i.e., those that are most "foreign." Other factors that
promote immunogenicity include higher molecular weight, greater molecular
21 complexity, the proper antigen dose range, the route of administration, the age of the
host, and the genetic composition of the host (including exposure to antigens during
fetal development).

As noted above, antigens may have one or more epitopes or binding sites that
25 are recognized by specific receptors of the immune system. Epitopes may be formed by
the primary structure of a molecule (called a sequential epitope), or may be formed by
portions of the molecule separate from the primary structure that juxtapose in the
secondary or tertiary structure of the molecule (called a conformational epitope). Some
29 epitopes, e.g., cryptic epitopes, are hidden in the three dimensional structure of the
native antigen, and become immunogenic only after a conformational change in the

1 antigen provides access to the epitope by the specific receptors of the immune system. Some antigens, e.g., tumor-associated antigens such as ovarian cancer or breast cancer antigens, have multiple antibody binding sites. These antigens are termed "multi-epitopic" antigens.

5 An important feature and function of a comprehensive therapeutic reagent is the ability to initiate recognition and response to an antigen, to induce a cellular and humoral response (either or both) to the antigen, and to increase the immunogenicity of a molecule without affecting its antigenicity.

9 Antibodies bear three major categories of antigen-specific determinants – isotypic, allotypic, and idiotypic – each of which is defined by its location on the antibody molecule. For the purpose of the present invention, we shall only focus on the idiotypic category.

13 Idiotypic determinants, or idiotopes, are markers for the V region of an antibody, a relatively large region that may include several idiotopes each capable of interacting with a different antibody. The set of idiotopes expressed on a single antibody V region constitutes the antibody idio type. An antibody (Ab1) whose antigen combining site (paratope) interacts with an antigenic determinant on another antibody V region (idiotope) is called an anti-idiotypic antibody (Ab2).

17 Thus, an Ab2 antibody includes an antigen binding site which is also an antibody binding site. A portion of such anti-idiotypic antibodies (i.e., Ab2 β) will identify an epitope within the paratope of the idio type antibody, thus presenting an "internal" image of the epitope identified by the idio type antibody on the tumor associated antigen. The phenomenon of producing an anti-idiotypic antibody having the internal image of the antigen may permit the use of antibodies to replace the antigen as an immunogen. For a graphic representation of these types of antibodies and their interaction, see Figure 1.

21 For tumors that have antigens, there are at least four theories why the immune response may fail to destroy a tumor: 1) there are no B cells or cytotoxic T lymphocytes (CTL) capable of recognizing the tumor; 2) there are no TH cells capable of recognizing the tumor; 3) TS cells become activated before TH cells, thus preventing

1 B-cell and CTL activation; and 4) the genes regulating tumor proliferation may be present from birth, so the host does not treat the gene products as "foreign."

"Passive immunotherapy" involves the administration of antibodies to a patient. Antibody therapy is conventionally characterized as passive since the patient is not the
5 source of the antibodies. However, the term passive is misleading because the patient can produce anti-idiotypic secondary antibodies which in turn can provoke an immune response which is cross-reactive with the original antigen. "Active immunotherapy" is the administration of an antigen, in the form of a vaccine, to a patient, so as to elicit a
9 protective immune response. Genetically modified tumor cell vaccines transfected with genes expressing cytokines and co-stimulatory molecules have also been used to alleviate the inadequacy of the tumor specific immune response.

If a specific antibody from one animal is injected as an immunogen into a
13 suitable second animal, the injected antibody will elicit an immune response (e.g., produce antibodies against the injected antibodies -- "anti-antibodies"). Some of these anti-antibodies will be specific for the unique epitopes (idiotopes) of the variable domain of the injected antibodies (anti-idiotypic antibodies). Others will be specific for the
17 epitopes of the constant domains of the injected antibodies and hence are known as anti-isotypic antibodies.

The various interactions based on idiotypic determinants, called the idiotypic network, is based on the immunogenicity of the variable regions of immunoglobulin
21 molecules (Ab1) which stimulate the immune system to generate anti-idiotypic antibodies (Ab2), some of which mimic antigenic epitopes ("internal image") of the original antigen. The presence of internal image antibodies (Ab2 β) in the circulation can in turn induce the production of anti-anti-idiotypic antibodies (Ab3), some of which
25 include structures that react with the original antigen.

The "network" theory states that antibodies produced initially during an immune response will carry unique new epitopes to which the organism is not tolerant, and therefore will elicit production of secondary antibodies (Ab2) directed against the
29 idiotypes of the primary antibodies (Ab1). These secondary antibodies likewise will have an idioype which will induce production of tertiary antibodies (Ab3) and so forth.

Ab1 → Ab2 → Ab3

In other words, an anti-idiotypic antibody may be a surrogate antigen.

Two therapeutic applications arose from the network theory: 1) administer Ab1 which acts as an antigen inducing Ab2 production by the host; and 2) administer Ab2 which functionally imitates the tumor antigen.

The development of the "network" theory led investigators to suggest the direct administration of exogenously produced anti-idiotypic antibodies, that is, antibodies raised against the idiotype of an anti-tumor antibody. Such an approach is disclosed in U.S. Patent 5,053,224 (Koprowski, et al.) Koprowski assumes that the patient's body will produce anti-antibodies that will not only recognize these anti-idiotypic antibodies, but also the original tumor epitope.

Conventional anti-idiotypic antibodies are made by intraspecies or interspecies immunization with a purified antigen-specific pool of antibodies or a monoclonal antibody. The resulting antiserum is then extensively absorbed against similar molecules with the same constant region to remove antibodies with anti-C_HC_L specificities. See, for example, Briles, et al.; "Idiotypic Antibodies," *Immunochemical Techniques* (New York, Academic; Colowich and Kaplan, eds; 1985). The production of anti-ID antibodies against self-idiotypes was one of the first key predictions of the network theory [Rodkey, S., *J. Exp. Med* 130:712-719 (1974)].

A human anti-idiotypic monoclonal antibody (Ab2) has been shown to induce anti-tumor cellular responses in animals and appears to prolong survival in patients with metastatic colorectal cancer. See Durrant, L.G. et al., "Enhanced Cell-Mediated Tumor Killing in Patients Immunized with Human Monoclonal Anti-Idiotypic Antibody 105AD7," *Cancer Research*, 54:4837-4840 (1994). The use of anti-idiotypic antibodies (Ab2) for immunotherapy of cancer is also reviewed by Bhattacharya-Chatterje, et al; *Cancer Immunol. Immunother.* 38:75-82 (1994).

Idiotypes on lymphoid receptors may in some cases mimic external antigens because of the extensive diversity of the immune system. This idea prompted many attempts to use the internal image of a foreign antigen, mimicked by the idiotypes of T

1 or B receptors, to act as targets for anti-idiotypic antibodies. In this way, it has been
proposed that anti-idiotypic antibodies may induce populations of T or B cells that can
bind the extrinsic (or soluble) antigen. Such anti-idiotypic antibodies can be used as
vaccines, many of which are summarized in Greenspan, NS, and Bona, CA; *The FASEB*
5 *Journal*, 7:437-444 (1992).

The ability to up- or down-regulate immune responses and to control potentially
auto-reactive immunocompetent cells is vital for normal immune function and survival.
Regulatory mechanisms include the induction of clonal anergy (via inappropriate
9 antigen-presenting cells), peripheral clonal deletion/apoptosis, cytokine (e.g.
transforming growth factor-beta (TGF- β) or IL-10)-induced non-responsiveness, 'veto'
cells, auto-reactive cytolytic T cells, and both non-specific and antigen-specific T
suppressor cells. At least in theory, each of these regulatory systems provides a
13 mechanistic basis for 'therapeutic intervention'.

In addition to cancer immunotherapy, control of abnormal acute and chronic
inflammatory response is also one of the most important challenges in medicine.
Typical examples of acute and chronic inflammation include atopy, urticaria, asthma,
17 autoimmune hemolytic anemia, rheumatoid arthritis, systemic lupus erythematosus,
granulomatous diseases, tuberculosis, and leprosy.

Like the tumor immune response described above, the aim of the inflammatory
response is the elimination of harmful agents. Further, the treatment of autoimmune
21 inflammatory disease is sometimes complicated by autoimmune factors that prevent the
host from eliminating the harmful agents, thereby leading to a persistent or chronic
inflammatory response or condition.

Presently, it has been determined that essential events in the development of
25 inflammation includes a cellular response involving neutrophils and macrophages,
specifically the rolling, activation, and adhesion of neutrophils to endothelium via
selectins-carbohydrate ligand interaction (and may include neutrophil extravasation).

Therapeutic compositions for the treatment of inflammation have included
29 agents that bind to one or more of the mediators of inflammation. For example,
antibodies specific for selectin carbohydrate ligands, and inhibiting selectin-

1 carbohydrate ligand binding, may be important anti-inflammatory targets for the
development of therapeutic compositions for the treatment of inflammation.

2 In addition to the above, there are other cases where an anti-idiotypic mode of
induction of a response may be useful. If a given epitope of a protein is discontinuous
5 and results from three-dimensional folding, an anti-Id can be produced that would
mimic that structure. Further, in immunizing against latent and/or immunosuppressive
viruses, there is the possibility of well known deleterious effects not solvable by the use
of attenuated viruses (e.g., mumps, measles, rubella, and HIV). The use of anti-ID
9 induction of protective immunity may avoid these deleterious effects.

Summary of the Invention

10 The present invention is a method and composition for generating both a
humoral and/or a cellular immune response by administering a binding agent that
13 specifically binds to a pre-selected soluble antigen. In accordance with the invention,
the binding agent-soluble antigen complex alters the immunogenic condition of the host
by generating new immunogens that are recognizable by the immune system. This
17 leads to a humoral and/or a cellular response. In one embodiment of the invention, the
immune response comprises an anti-tumor response and/or cell killing.

18 The present invention is a comprehensive method for the treatment of certain
diseases and conditions that includes, but is not limited to, targeting a pre-determined
21 antigen, preferably a multi-epitopic antigen and/or preferably soluble; administering a
binding agent, preferably a monoclonal antibody, and inducing a comprehensive
immune response against the disease or condition that generated the target antigen. In a
preferred embodiment of the invention, the binding agent or the binding agent/antigen
25 complex induces the production of a humoral response, as evidenced in part by the
production of anti-antigen (e.g., anti-tumor or anti-inflammation) antibodies, Ab3
and/or Ab1c; and/or induces the production of a cellular response, as evidenced in part
by the production of T-cells that are specific for the binding agent, the binding
29 agent/antigen complex, and/or the antigen.

The present invention also includes methods and compositions for altering the

1 immunogenic state of the host organism. In altering the immunogenic state, the
compositions and methods of the present invention increase, decrease, or maintain the
host's immunogenic state. An example of deriving a therapeutic benefit by increasing
the immunogenicity includes but is not limited to treatments for cancer or some
5 infectious diseases, such as hepatitis. An example of decreasing the immunogenicity
includes but is not limited to treatments for rheumatoid arthritis, An example of
maintaining immunogenicity includes but is not limited to supplemental treatments for
patients that have become tolerant to antigens after an initial response. In a most
9 preferred embodiment of the invention, the methods and compositions do not decrease
the antigenicity of the active component in the therapeutic composition.

The present invention also includes methods and compositions for increasing the
over-all host response to a disease or condition. These methods and compositions
13 produce a therapeutic benefit for the recipient.

The present invention also is a therapeutic composition comprising an active
agent, or binding agent, that specifically binds to a pre-determined soluble antigen,
wherein the binding agent, upon binding to the antigen, forms a complex that is both
17 antigenic and immunogenic.

The compositions and methods of the present invention may also include one or
more steps or substances that increase the over-all immunogenicity.

The therapeutic compositions and methods of the present invention are suitable
21 for the treatment of any disease or cancer that produces a soluble antigen, preferably a
multi-epitopic antigen.

The present invention also includes a method for designing new therapeutic
agents comprising selecting a soluble antigen, preferably an antigen that has been
25 determined to be multi-epitopic; and selecting a binding agent that specifically binds to
said antigen to form a complex. In accordance with the invention, the binding agent,
the binding agent/antigen complex, and/or the antigen lead to the production of a
humoral and/or cellular response *in vivo*. In a preferred embodiment of the
29 invention, the method for designing a new therapeutic agent results in a binding agent
or the binding agent/antigen complex that induces the production of a humoral

1 response, as evidenced in part by the production of anti-tumor or anti-inflammation
antibodies, Ab3 and/or Ab1c; and/or induces the production of a cellular response, as
evidenced in part by the production of T-cells that are specific for the binding agent, the
binding agent/antigen complex, and/or the antigen.

5 Although several investigators have shown that antigen-specific antibodies can
enhance the immune response to those antigens presented in a complex form, the
present invention is the first to demonstrate that the injection of an antibody against a
single epitope can induce a multi-epitopic immune response in cancer patients, provided
9 that the patients' sera contained the respective antigen. The present invention also
demonstrates that this antibody injection can change the patient's immune response in
such a way that the self-protein CA125 can now be recognized by the immune system.

Stimulation of T cells reactive with subdominant or cryptic epitopes of self-
13 proteins has been suggested as an important factor in inducing immunity to a pre-
determined antigen, e.g., an antigen involved in a disease or condition such as cancer or
auto-immunity. Antibody-enhanced or -altered presentation of an antigen, such as
CA125, in an antibody complex, e.g., bound to MAb-B43.13, by B cells (antibody-
17 specific), or macrophages or dendritic cells (both F_c receptor mediated), may result in
presentation of different peptides to the immune system than those obtained by
presentation of the antigen alone. This can lead to sufficient presence of antigen-specific
peptides from subdominant or cryptic epitopes which may in turn stimulate low-
21 affinity T cells that escaped clonal deletion in the thymus or re-stimulate T cells which
were suppressed. The immune response induced by exogenous administration of an
antibody to a circulating self-antigen can therefore be compared to that observed in
auto-immune diseases. This may also explain why presence of immune complexes of
25 antigen with autologous human antibodies is often not correlated with improved
survival. Human B cells recognize preferably immune-dominant epitopes of the
antigen, leading to presentation of epitopes against which T cells were formed during
fetal development. Murine antibodies on the other hand, recognize immune-dominant
29 epitopes in mice which are not necessarily equivalent to the human immune-dominant
epitopes.

1 The capture and processing of an antigen, e.g., PSA, by B-cells may also occur
through the interaction of the membrane bound Ab2 with the anti-antigen/antigen
(e.g., anti-PSA/PSA) complexes and in a similar manner through the interaction of
membrane bound Ab3 with the antigen (complexed or not with the anti-PSA antibody).

5 Although applicants do not wish to be bound by any particular theory of
operability, it is believed that the observed immunological response achieved by the
present invention is attributable to an interaction between a newly formed antigen and
the human patient's immune system. As noted above, a portion of the immune
9 response includes inducing the production of anti-(anti-idiotypic) antibodies by the
patient. Within this set of anti-(anti-idiotypic) antibodies are those that are directly
complimentary to the paratope of an anti-idiotypic antibody. It is further believed that
the paratope of the anti-idiotypic antibody presents an "internal" image of the tumor
13 cell epitope identified (i.e., selectively bound) by the idiotypic antibody and, therefore,
the anti-(anti-idiotypic) antibodies will also bind the tumor antigen. In effect, the present
method induces a immunological response to the first antigen, e.g., a tumor antigen, by
presenting a second antigen (the paratope of the anti-idiotypic antibody, which shares
17 homologies with the tumor antigen) to a portion of the patient's resulting antibodies.

 The present invention concerns altering immunogenicity in a manner that
produces a beneficial or therapeutically desirable effect. As used herein, a beneficial or
desirable immune response is one that produces a therapeutically desirable result. A
21 beneficial therapeutic response will typically include activation of the immune system
and/or one or more of its components, induction of the immune system and/or one or
more of its components, and/or a T cell immune response, and/or a humoral immune
response. For example, for a cancer such as ovarian cancer, a beneficial or desirable
25 immune response includes the production of an antibody that immunoreacts with a
previously non-immunoreactive ovarian cancer antigen. In this example, the immune
response to an antigen is increased. In another example, for a condition such as
inflammation, a beneficial or desirable immune response includes the production of an
29 antibody that immunoreacts with a previously immunoreactive antigen so that it
becomes non-immunoreactive. In this example, the immune response is decreased. In

1 transplantation, the immune system attacks MHC-disparate donor tissue leading to graft
rejection, in autoimmune disease it attacks normal tissues, and in allergy the immune
system is hyper-responsive to otherwise harmless environmental antigens. It is now
recognized that immunosuppressive therapy may be appropriate for treating each of
5 these disorders.

Description of the Figures

Figure 1 is a graphic representation of the different types of antibodies and their
9 structural relationship to each other and to an antigen.

Figure 2 shows the production of Ab2 in response to the administration of a
composition of the invention.

Figure 3 shows the production of B cells in response to the administration of a
13 composition of the invention. Legend: open bars, 0.1 μ g or kU per mL; hatched bars, 1
 μ g or kU per mL; closed bars, 10 μ g or kU per mL.

Figure 4 shows that a binding agent/antigen complex stimulates an immune
response. Legend: open bars, 0.1 μ g or kU per mL; hatched bars, 1 μ g or kU per mL;
17 closed bars, 10 μ g or kU per mL.

Figure 5 shows the ability of a composition of the invention to increase the
immunogenicity of its target antigen. Legend: •, MAb 43.13; ■, MAb 43.13 + CA 125;
▲, CA 125.

21 Figure 6 shows the characterization of anti-CA 125 antibodies from patients
injected with MAb B43.13. Anti-CA 125 positive samples were tested for inhibition of
their binding to CA 125 (solid phase) by CA 125, MAb-B43.13 scFv, MAb-B27.1 F(ab'),
or MAb M11 F(ab'). Single chain MAb-B43.13, F(ab') MAb-B27.1, and F(ab') M11 were
25 used in the inhibition studies to avoid non-specific inhibition of the Fc portion of the
antibody and cross-reactivity due to HAMA. To be considered to be significant,
inhibition had to be at least 15%

Disclosure of the Invention

29 The present invention comprises a method and composition for altering

1 immunogenicity resulting in the induction or mediation of a comprehensive immune response.

The present invention comprises a method for increasing the immunogenicity of an administered composition by target selection, by activation methodologies, and by
5 delivery systems that, in combination, induces either cellular or humoral immunity, or both.

The present invention involves the discovery that binding a binding agent to a pre-determined antigen, such as a multi-epitopic tumor-associated antigen, increases the immunogenicity of the immunogen while maintaining its antigenicity, and leads to the
9 generation of a humoral and/or cellular response to the immunogen. The methods and compositions of the present invention typically mediate a host's ability to generate an immune response to a previously non-immunogenic antigen. In this manner, the host
13 immune system can recognize and initiate an immune response to the previously unrecognized antigen.

In preferred embodiments of the invention, the binding agent is a non-labeled binding agent, even more preferably, a monoclonal antibody. The pre-determined
17 antigen, defined in more detail below, is any immunotolerant antigen, preferably a tumor associated antigen.

A composition and method of the present invention includes administering a binding agent that specifically binds to a pre-determined antigen to form a complex,
21 wherein the complex is immunogenic. In preferred embodiments of the invention, the immunogenicity is evident in the production and/or induction of anti-idiotypic antibodies (Ab2), anti-anti-antibodies (Ab3), antibodies to the complex, antibodies to the antigen (Ab1c, which is used interchangeably with Ab3'), cytotoxic lymphocytes, such
25 as killer T cells or natural killer (NK) cells, and/or T cell proliferation.

A composition and method of the present invention includes administering an effective amount of a binding agent that specifically binds to a pre-determined antigen, wherein the antigen is present in vivo in a high amount, allowing the binding agent to
29 bind to the antigen, and inducing the production of a beneficial immune response against the antigen.

1 The present invention also includes compositions and methods that result in the induction of a beneficial immune response, particularly where one skilled in the art would not expect to find an antigen-specific immune response, e.g., tumor-associated antigens ("self") antigens.

5 An additional composition of the present invention may also include a modified antigen, wherein a soluble, preferably multi-epitopic, antigen is modified by binding to a binding agent. An additional method of the present invention may include producing the modified antigen, and/or using the modified antigen to achieve a therapeutic effect, 9 e.g., producing, inducing, or inhibiting an immune response against the antigen.

 In one embodiment of the invention, the methods and compositions include all binding agents as defined herein, exclusive of B43.13 antibodies. For example, a method and composition of the invention may include a composition comprising a binding 13 agent that is free of, or substantially free of, B43.13 antibodies.

 The invention further includes methods and compositions for treating ovarian cancer comprising a binding agent that specifically binds to an ovarian cancer antigen, such as CA 125, wherein said binding agent is exclusive of B43.13 antibodies, wherein 17 the complex between the binding agent and the antigen is immunogenic.

 In certain embodiments the invention provides a method for inducing a host immune response against a multi-epitopic *in vivo* antigen, other than a tumor associated antigen, present in the host's serum, which antigen preferably does not elicit a host 21 immune response, the method comprising contacting the antigen with a composition comprising a binding agent that specifically binds to a first epitope on the antigen and allowing the binding agent to form a binding agent/antigen pair wherein a host immune response is elicited against a second epitope on the antigen.

25 In certain embodiments the invention provides a method for inducing the production of an immune response against a multi-epitopic *in vivo* tumor associated antigen, other than a CA125, CA19.9 and CA15.3, present in a host's serum, which antigen does not elicit a host immune response, the method comprising contacting the 29 antigen with a composition comprising a binding agent that specifically binds to a first epitope on the antigen and allowing the binding agent to form a binding agent/antigen

1 pair wherein a host immune response is elicited against a second epitope on the antigen.

In certain embodiments the invention provides a method for inducing an immune response against a cellular antigen that does not elicit a host immune response, the method comprising administering to the host a binding agent that binds an epitope
5 of a soluble form of the antigen in an amount of binding agent between 0.1 μ g and 2 mg per kg of body weight of the host.

In certain embodiments, the invention provides a method comprising intravenously administering to the host a binding agent that binds an epitope of a
9 soluble form of a cellular antigen.

In certain embodiments the host immune response comprises a cellular and humoral immune response. In certain embodiments, the host immune response comprises a cellular response. In certain embodiments, the host immune response
13 comprises a humoral response. In certain embodiments, the antigen is a soluble antigen. In certain embodiments the binding agent is an antibody. In certain embodiments, the antibody is a murine monoclonal antibody. In certain embodiments the antibody does not induce isotypic induced HAMA toxicity in the host. In certain embodiments the
17 antigen is associated with a human disease or pathological condition. In certain embodiments the disease or pathological condition is cancer. In certain embodiments the binding agent is photoactivated. In certain embodiments the humoral response comprises anti-idiotypic antibodies. In certain embodiments, the amount of binding
21 agent is at least 1 μ g and less than 2 mg, preferably between 1 μ g and 200 μ g per kg of body weight of the host.

Those skilled in the art will recognize that these embodiments may be used alone, or in any combination.

25 In certain embodiments, the invention provides a therapeutic composition comprising a binding agent specific for a first epitope on a multi-epitopic *in vivo* antigen, other than a tumor associated antigen, present in the host's serum, which antigen preferably does not elicit a host immune response, wherein the binding agent
29 specifically binds to a first epitope on the antigen and forms a binding agent/antigen pair wherein a host immune response is elicited against a second epitope on the antigen.

1 In certain embodiments the invention provides a therapeutic composition
comprising a binding agent specific for a first epitope on a multi-epitopic *in vivo* tumor
associated antigen, other than a CA125, CA19.9 and CA15.3, present in a host's serum,
which antigen does not elicit a host immune response, wherein the binding agent
5 specifically binds to a first epitope on the antigen and forms a binding agent/antigen
pair wherein a host immune response is elicited against a second epitope on the antigen.

 In certain embodiments the invention provides a therapeutic composition
comprising a binding agent that binds an epitope of a soluble form of a cellular antigen
9 which does not elicit a host immune response, in an amount sufficient to administer
binding agent at a concentration between 0.1 μ g and 2 mg per kg of body weight of the
host, wherein the binding agent specifically binds to the epitope and induces an immune
response against the antigen.

13 In certain embodiments the invention provides a therapeutic composition for
intravenous administration comprising a binding agent that binds an epitope of a
soluble form of a cellular antigen which does not elicit a host immune response,
wherein the binding agent specifically binds to the epitope and induces an immune
17 response against the antigen.

 In certain embodiments the host immune response comprises a cellular and
humoral immune response. In certain embodiments, the host immune response
comprises a cellular response. In certain embodiments the host immune response
21 comprises a humoral response. In certain embodiments the antigen is a soluble antigen.
In certain embodiments the binding agent is an antibody. In certain embodiments, the
antibody is a murine monoclonal antibody. In certain embodiments the antibody does
not induce HAMA in the host. In certain embodiments the antigen is associated with a
25 human disease or pathological condition. In certain embodiments the disease or
pathological condition is cancer. In certain embodiments the binding agent is
photoactivated. In certain embodiments the humoral response comprises anti-idiotypic
antibodies. In certain embodiments, the amount of binding agent is at least 1 μ g and
29 less than 2 mg, preferably between 1 μ g and 200 μ g per kg of body weight of the host.

 Those skilled in the art will recognize that these embodiments may be used

1 alone, or in any combination.

In accordance with the present invention, the inventors believe the interaction between the antigen and the binding agent effectively presents a previously unexposed or suppressed epitope to the patient's immune system to generate: 1) a humoral
5 response resulting in human anti-tumor antibodies that may or may not be inhibitable by the injected antibody, but are definitely inhibitable by an antibody that binds to an epitope different from the epitope reactive with the injected BA; and 2) a cell-mediated response resulting in the production of antigen-specific T-cells.

9 One skilled in the art will recognize that an aspect of any antibody-based immunotherapy is the interaction between the antigen and the antibody. Also, the success, effectiveness, and usefulness of that binding event typically involve a wide variety of sometimes interwoven factors. In general, these factors include but are not
13 limited to the binding capacity of the binding agent, immunogenicity of the binding agent, accessibility of the antigen, accessibility of the antigen's epitope, the degree of complementarity between the paratope of the binding agent and the epitope of the antigen, the effect of the binding event on the complex, the complex's capability of
17 inducing an immune response, and the extent to which the immune response is activated. It is intended that these factors contribute to the determination of an appropriate or desirable binding agent and/or pre-determined antigen, and to the nature and effectiveness of the resulting immune response.

21 The interplay of these various considerations, as taught by the present invention, may lead one to effective therapeutic remedies. In the case of B43.13 and the treatment of ovarian cancer, a specific example used to prove the general point without thereby
25 limiting the invention, B43.13 is a murine antibody, so its heterogeneity in a human system contributes to its immunogenicity. Further, CA 125, the target antigen, is a soluble, tumor associated antigen, and thereby accessible to a binding agent. The binding event between B43.13 and CA 125 is of such a nature that one or more new
29 epitopes on the complex become available to components of the immune system, thus inducing an immune response where previously there was none (or so little that no therapeutic benefit was derived). Further, the binding event created access to an epitope

1 on the complex that was suitable for inducing both humoral and cellular immune
responses, thus inducing a comprehensive immune response that is itself a beneficial
immune response. As pertains B43.13, all of these individual elements contributed to
the recognition of the use of B43.13 to induce an immune response cascade that is
5 effective in the treatment of ovarian cancer.

As noted above, the inventors believe that an important aspect of inducing or
mediating a cellular and humoral response lies in part in increasing the immunogenicity
of the binding agent-antigen complex while maintaining its antigenicity. As described
9 in more detail below and in the Examples, increasing immunogenicity while
maintaining antigenicity may be affected by one or more of the following:

1. Administering a dose of binding agent that is low in
13 comparison to the dose for other therapeutic compositions;
2. Forming a binding agent-antigen complex *in vivo* or *ex vivo*;
3. Photoactivating the binding agent prior to administration
4. Administering the binding agent in a microsphere, liposome,
17 nanosphere, or micelle;
5. Conjugating the binding agent to a photodynamic agent, such
as hypocrelin B; and
6. Conjugating the binding agent to immune effectors.

21 In a preferred embodiment of the invention, a composition comprising a pre-
determined antibody that specifically binds to a pre-determined tumor associated
antigen is used to bind a soluble antigen produced by the tumor. Once the soluble
25 antigen is bound, the immune system recognizes the antigen as "foreign," and mounts
an immune response against the antigen or against the binding agent bound to the
antigen. Antigens that can be made immunogenic are potentially useful to induce or
activate an immune response, leading to therapeutic and possibly prophylactic benefits.

29 Any composition that includes a binding agent according to the invention may
be used to initiate an *in vivo* immune response. The composition may include one or

1 more adjuvants, one or more carriers, one or more excipients, one or more stabilizers,
one or more imaging reagents, one or more effectors; one or more photodynamic
agents; and/or physiologically acceptable saline. Generally, adjuvants are substances
mixed with an immunogen in order to elicit a more marked immune response. Control
5 vaccinations without the adjuvant resulted in humoral immune responses. In a
preferred embodiment of the invention, the composition comprising a binding agent
does not include adjuvant.

In a preferred embodiment of the invention, a suitable composition includes a
9 binding agent that binds to a soluble antigen to form a complex that is itself antigenic
and immunogenic. In a most preferred embodiment of the invention, the complex is an
antigen that induces a beneficial or desirable therapeutic effect.

The composition may also include pharmaceutically acceptable carriers.
13 Pharmaceutically accepted carriers include but are not limited to saline, sterile water,
phosphate buffered saline, and the like. Other buffering agents, dispersing agents, and
inert non-toxic substances suitable for delivery to a patient may be included in the
compositions of the present invention. The compositions may be solutions suitable for
17 administration, and are typically sterile and free of undesirable particulate matter. The
compositions may be sterilized by conventional sterilization techniques.

In accordance with the teachings of the present invention, the methods and
compositions produce both a humoral and cellular response. Those skilled in the art
21 will readily recognize that determining that a humoral and/or cellular response has been
generated is easily shown by testing for the structures associated with each response.
For example, evidence of the production of a humoral response includes but is not
limited to the production of Ab2 and Ab3. Likewise, evidence of the production of a
25 cellular response includes but is not limited to the production of T2 and/or T3 cells.

BINDING AGENTS

The binding agents of the present invention bind an antigen of interest, and the
29 resulting immunogenic pair or complex may be used to prime or initiate an immune
response, typically to another epitope on the complex or a portion of the complex. The

1 previously unrecognizable epitope, upon being recognized by agents of the immune
system, initiates the immune system cascade that results in a beneficial or therapeutic
immune response to the whole antigen, and induces a comprehensive immune response.

A binding agent (BA), as used herein, refers to one member of a binding pair,
5 including an immunologic pair, e.g., a binding moiety that is capable of binding to a
single epitope expressed on the pre-determined antigen, such as a tumor antigen. The
binding agent, when bound to the pre-determined antigen, forms an immunogenic
complex. Exemplary binding agents include, but are not limited to: monoclonal
9 antibodies ("MAb"); chimeric monoclonal antibodies ("C-MAb"); humanized
antibodies; genetically engineered monoclonal antibodies ("G-MAb"); fragments of
monoclonal antibodies (including but not limited to "F(Ab)₂", "F(Ab)" and "Dab");
single chains representing the reactive portion of monoclonal antibodies ("SC-MAb");
13 antigen-binding peptides; tumor-binding peptides; a protein, including receptor
proteins; peptide; polypeptide; glycoprotein; lipoprotein, or the like, e.g., growth
factors; lymphokines and cytokines; enzymes, immune modulators; hormones, for
example, somatostatin; any of the above joined to a molecule that mediates an effector
17 function; and mimics or fragments of any of the above. The binding agent may be
labeled or unlabeled.

A binding agent according to the invention is preferably a monoclonal or
polyclonal antibody. The antibody includes, but is not limited to native or naked
21 antibodies; modified antibodies, such as activated or photoactivated antibodies. As used
herein, native refers to a natural or normal antibody; naked refers to removing a non-
native moiety, e.g., removing the label from a labeled antibody. In a most preferred
embodiment of the invention, the binding agent is an Ab1 antibody that induces the
25 production of one or more molecules that comprise an immune response, including but
not limited to one or more of the following: molecules associated with a cellular
response (cytokines, chemokines, cytotoxic T lymphocytes (CTL), and natural killer
cells (NK)), and/or molecules associated with a humoral response (Ab3, Ab1c
29 (sometimes referred to as Ab3')).

Methods for producing and obtaining an antibody are well known by those

1 skilled in the art. An exemplary method includes immunizing any animal capable of
mounting a usable immune response to the antigen, such as a mouse, rat, goat sheep,
rabbit or other suitable experimental animal. In the case of a monoclonal antibody,
antibody producing cells of the immunized animal may be fused with "immortal" or
5 "immortalized" human or animal cells to obtain a hybridoma which produces the
antibody. If desired, the genes encoding one or more of the immunoglobulin chains
may be cloned so that the antibody may be produced in different host cells, and if
desired, the genes may be mutated so as to alter the sequence and hence the
9 immunological characteristics of the antibody produced. Fragments of binding agents,
may be obtained by conventional techniques, such as by proteolytic digestion of the
binding agent using pepsin, papain, or the like; or by recombinant DNA techniques in
which DNA encoding the desired fragment is cloned and expressed in a variety of hosts.
13 Irradiating any of the foregoing entities, e.g., by ultraviolet light will enhance the
immune response to a multi-epitopic antigen under similar conditions. In a preferred
embodiment of the invention, effector functions that mediate CDC or ADCC are not
required. Various binding agents, antibodies, antigens, and methods for preparing,
17 isolating, and using the binding agents are described in U.S. Patent 4,471,057
(Koprowski), U.S. Patent 5,075,218 (Jette, et al.), U.S. Patent 5,506,343 (Fufe), and U.S.
Patent 5,683,674 (Taylor-Papadimitriou, et al), all incorporated herein by reference.
Furthermore, many of these antibodies are commercially available from Centocor,
21 Abbott Laboratories, Commissariat a L'Energie Atomique, Hoffman-LaRoche, Inc.,
Sorin Biomedica, and FujiRebio.

One of the most promising approaches to tumor immunotherapy is to use
antibody fragments or antibody fragments with effector domains to target and kill
25 tumor cells. Single-chain Fv (scFv) has been genetically engineered as a recombinant
fusion protein that is composed of a heavy chain (Vh) and a light-chain (Vl) variable
domain connected by an artificial linker and an effector domain.

In an embodiment of the invention, a suitable composition for the treatment of
29 an ovarian tumor associated antigen contains a binding agent that binds the CA 125
antigen. Exemplary antibodies that bind to CA 125 include, but are not limited to

1 B43.13. The present invention also includes the use of any binding agent other than
B43.13 that specifically binds to CA 125 and that results in a beneficial immune
response, e.g., M11.

5 In another embodiment of the invention, a suitable composition for the
treatment of gastrointestinal cancer contains a binding agent that binds the CA 19.9
antigen. Exemplary antibodies that bind to CA 19.9 include, but are not limited to AR
44.6, W25 (CIS Bio International), A3 (Shemyakin Inst. Biorg. Chem.), and NS116-NS-
19.9 (Centocor), among others.

9 In yet another embodiment of the invention, a suitable composition for the
treatment of breast cancer contains a binding agent that binds the CA 15.3 antigen.
Exemplary antibodies that bind to CA 15.3 include, but are not limited to SM-3, DF-3,
DF3-P, Ma 552, and BC4E549.

13 In yet another embodiment of the invention, a suitable composition for the
treatment of prostate cancer contains a binding agent that binds the prostate specific
antigen (PSA). An exemplary antibody that binds to PSA includes, but is not limited to
AR47.47.

17 SOLUBLE ANTIGEN

A pre-determined antigen may be any human or mammalian antigen of clinical
significance. In accordance with the present invention, the pre-determined or target
21 antigen must be capable of binding a binding agent. Capable of binding includes, but is
not limited to one or more of the following: the antigen may be soluble, circulating,
present, detectable, and/or include a binding site accessible to an administered binding
agent.

25 In a preferred embodiment of the invention, the antigen is a tumor-associated
antigen (TAA). In the case of TAA, the cancer may include, but is not limited to lung,
colon, rectum, breast, ovary, prostate gland, head, neck, bone, immune system, or any
other anatomical location. Illustrative tumors and tumor markers are listed in U.S.
29 Patent 5,075,218.

The methods of the present invention involve any cancer that produces a soluble

1 multi-epitopic TAA. As used herein soluble is used to describe any antigen that is
detectable in a body fluid, i.e., blood, serum, ascites, saliva, or the like. In accordance
with the present invention, the preferred tumors are those that: shed soluble tumor
antigens, e.g., tumor antigens shed into the bloodstream, as opposed to a surface antigen
5 or an intracellular antigen; exhibit a multi-epitopic tumor associated antigen, and can be
found at a concentration in the patient's body fluid more than is normally present in
healthy controls and such a high level signifies presence of the disease, yet has not
initiated a significant immune response. In a preferred embodiment, the pre-determined
9 antigen is an antigen that does not elicit a host immune response, e.g., is not effective in
reducing tumor burden and/or does not induce a therapeutic benefit (even if a small
immune response is generated). As is well known by one skilled in the art, one method
of determining whether the concentration of the TAA is greater than in healthy
13 individuals is by comparing the patient's concentration to that of a healthy control. If
the concentration of the TAA is higher than the healthy control, then the patient's
concentration is predictive of presence or recurrence of the disease.

The invention also involves the production of a modified antigen, typically by
17 producing the modified antigen *in vivo*. As used herein, modified antigen refers to a
first antigen, typically invisible to the immune system, that binds to a binding agent,
and the binding agent-antigen is itself an antigen (the "second" antigen) that is
immunoreactive with one or more molecules of the immune system.

21 As used herein, "disease" refers to the management, diagnosis, and/or palliation
of any mammalian (including human) disease, disorder, malady, or condition. "Disease"
includes but is not limited to cancer and its metastases, such as skin cancer; growths or
tumors, and their metastases; tumors and tumor cells, such as sarcomas and carcinomas,
25 including solid tumors, blood-borne tumors, and tumors found in nasal passages, the
bladder, the esophagus, or lung, including the bronchi; viruses, including retroviruses
and HIV; infectious diseases, such as hepatitis, including chronic hepatitis such as
hepatitis B; bacterial diseases; fungal diseases; and dermatological conditions or
31 disorders, such as lesions of the vulva, keloid, vitiligo, psoriasis, benign tumors,
endometriosis, Barrett's esophagus, *Tinea capitis*, and lichen amyloidosis. Exemplary

1 soluble multi-epitopic antigens are described above, and include but are not limited to
CA 125, CA 19.9, CA 15.3, polymorphic epithelial mucin (PEM), CEA, and prostate
specific antigen.

5 A high level of antigen, as used herein, is a variable term dependent in part on
the type of the antigen, and/or the type of disease or condition, and/or the stage of the
disease or condition. For example, one skilled in the art will recognize that a high level
may mean that a majority of cancer-positive patients, e.g., above 50% or above about
80%, have a certain amount of circulating antigen. For example, the present
9 understanding of the course of ovarian cancer suggests that 80% or higher of the patients
having greater than 35 U/ml of antigen in their bloodstream have a statistically
significant higher risk of developing ovarian cancer. A high level also may be defined in
terms of the amount sufficient to completely or substantially completely bind all of a
13 pre-determined dose of binding agent. A high level may also be defined as a threshold
quantity of circulating antigen that those skilled in the art recognize as a high level. A
high level may also include that amount that is predictive of disease. A high level may
also include an amount or concentration of antigen higher than what is normal for that
17 patient or for that disease or condition.

A method of an embodiment of the invention includes determining the amount
of pre-determined antigen in the patient, e.g., circulating in the patient, and if the
amount of antigen is a high level, then administering a composition comprising a
21 binding agent according to the invention. For example, a method of the invention
includes determining the amount of circulating CA 125, and if the amount is greater
than about 35 U/ml, then administering a composition comprising a binding agent
according to the invention, e.g., comprising B43.13. The administered composition
25 may include a low dose of binding agent.

As noted in the background section, the potential effect of injecting a binding
agent such as an antibody can be extremely complex and may typically involves distinct
mechanisms of action. As used in herein, Ab3 and Ab1c represent two such distinct
29 mechanisms that individually and/or collectively produce a beneficial effect. In the Ab3
pathway, an Ab1 antibody that is capable of binding to a pre-determined antigen may

1 induce the production of an anti-idiotypic antibody (Ab2 β) that mimics an epitope of the
antigen. The anti-idiotypic antibody in turn may induce the production of anti-anti-
idiotypic antibodies (Ab3) that are capable of binding the same epitope on the antigen as
the Ab1 antibody. Evidence of this pathway includes a competitive assay between Ab1
5 and Ab3, since the Ab1 antibody and the Ab3 antibody compete for the same epitope of
the antigen.

In the Ab1c pathway, the Ab1 antibody binds to the antigen to form a complex.
This complex is itself an antigen, and is sometimes described herein as a "modified
9 antigen" or second antigen. The complex may induce the production of anti-antigen
antibody (Ab1c) that are capable of binding a different epitope on the antigen as that
bound by the Ab1 antibody. Evidence of this pathway also includes a competitive
assay, but comparing the inhibitory effect on Ab1c by antibodies that bind to different
13 epitopes on the antigen or lack of inhibition with Ab1.

In addition to producing Ab3 and/or Ab1c, typically associated with a humoral
immune response, the compositions of the present invention may also produce a
therapeutic benefit by inducing a cellular immune response (cell mediated immunity), as
17 in the Background section. Both the cellular and the humoral response involve indirect
mechanisms for altering the immunogenicity of the host.

Compositions of the present invention may also initiate direct mechanisms for
killing undesirable cells such as cancer cells. For example, in antibody-dependent cell-
21 mediated cytotoxicity (ADCC), an Ab1 antibody, bound through its Fab region to a
pre-determined antigen, may bind to the Fc receptor of a lymphocyte through the Fc
region of the Ab1 antibody. Such participation between an antibody and immune
system cells produces an effector function that may lyse tumor cells, infectious agents,
25 and allogeneic cells. Other indirect mechanisms involve complement-mediated
cytotoxicity (CDC), apoptosis, (neutralization of immunosuppressive tumor-associated
antigens), induction of cytokines and/or chemokines, neutralization of
immunosuppressive molecules, and neutralization of anti-adhesion molecules, among
29 others.

As used herein, a comprehensive approach to providing a therapeutic benefit

1 involves one or more, or all, of the following: cellular immunity and the molecules
involved in its production; humoral immunity and the molecules involved in its
production; ADCC immunity and the molecules involved in its production; CDC
immunity and the molecules involved in its production; natural killer cells; and
5 cytokines and chemokines, and the molecules and cells involved in their production.
One skilled in the art will recognize that a beneficial immune response (and thereby
overcoming immunotolerance) may be determined by a number of ways. Activation of
the multiple arms of the immune systems may be determined, for example, by
9 measuring the pre- and post-treatment antigen specific immune response. Specific
demonstrations of the induction of a beneficial immune response would include one or
more of the following:

13 1) a humoral response to the administered antibody (Ab1), including evidence of
HAMA and/or Ab2;

2) a humoral response to the antigen, including evidence of the appearance of
antigen-specific antibodies to the same and/or different epitopes on the antigen as the
epitope for the binding agent (e.g., Ab3 and/or Ab1c);

17 3) antibody-dependent cytotoxicity, including evidence that post-injection sera
with an antigen-specific antibody titer mediates tumor killing when the sera is incubated
peripheral blood mononuclear cells and tumor cell targets relative to pre-injection
baseline serum;

21 4) complement-dependent cytotoxicity, including evidence that post injection
sera combined with complement-containing plasma kills tumor cell targets relative to
pre-injection baseline serum;

25 5) natural killer cell activity, including enhanced tumor cell killing by peripheral
blood mononuclear cells (containing NK cells) in post-injection blood samples taken
prior to the appearance of a measurable antibody response to the TAA relative to pre-
treatment peripheral blood mononuclear cells;

29 6) antigen-enhanced cytotoxicity, including enhanced tumor cell target killing by
peripheral blood mononuclear cells (in the presence of TAA-positive tumor cells)
relative to pre-administration levels; and

1 7) cellular immunity, including evidence of T cell proliferation or tumor cell
lysis post-injection relative to pre-injection.

 Further, evidence of a beneficial immune response may include demonstrating
that the binding agent-antigen complex results in a more vigorous T cell proliferative
5 response than the response to either the binding agent or the antigen alone (in post-
treatment PBMC versus pre-treatment). One skilled in the art will also recognize that
this battery of evidence demonstrates that the compositions and methods of the present
invention induce multiple different immune system pathways, and that these various
9 pathways have varying relative importance to a particular patient, depending on the
individual's specific immune constitution.

IMMUNOGENICITY ENHANCERS

13 1. LOW DOSE

 In accordance with the methods of the present invention, a composition
comprising the binding agent may be administered in an amount sufficient to recognize
and bind the pre-determined antigen, such as a tumor associated antigen (TAA),
17 preferably a soluble multi-epitopic antigen. In a preferred embodiment of the
invention, the dosage is sufficient to generate or elicit an immune response against the
antigen. See Example 16. An immunologically or therapeutically effective or
acceptable amount of binding agent is an amount sufficient to bind a pre-determined
21 antigen *in vivo* or *ex vivo*, and is capable of eliciting an immune response to the antigen.
The response inhibits or kills tumor cells that carry and present a newly accessible
epitope, thereby ameliorating or eliminating the disease or condition that produces the
antigen. The immune response may take the form of a humoral response, a cell-
25 mediated response, or both. In a preferred embodiment of the invention, the dosage of
the monoclonal antibody is less than the dosage required to elicit ADCC or CDC.

 The concentration or dosage of the protein in the composition can vary widely,
e.g., from less than about .01% to about 15 to 20% by weight. As noted above, the
29 composition is administered in an amount sufficient to stimulate an immune response
against the antigen. Amounts effective for this use will depend in part on the severity of

1 the disease and the status of the patient's immune system. Generally, the composition
will include about 0.1 μ g to about 2 mg or more of protein agent per kilogram of body
weight, more commonly dosages of about 1 μ g to about 200 μ g per kilogram of body
weight, recognized by those skilled in the art as comprising a low dose. Further, those
5 skilled in the art will recognize and be able to evaluate the various considerations that
may be used to determine a proper dose. The concentration will usually be at least
0.5%; any amount may be selected primarily based on fluid volume, viscosity,
antigenicity, etc., in accordance with the particular mode of administration.

9 A method and composition of an embodiment of the invention includes a
composition comprising a low dose of a binding agent, wherein low dose refers to an
amount less than about 2 mg/kg of body weight, even more preferably, between about
0.1 μ g to about 2 mg per kilogram of body weight, and wherein the administration of
13 the composition comprising a low dose of binding agent induces a beneficial immune
response.

2. PHOTOACTIVATION

17 In accordance with the present invention, an antibody may be photoactivated.
Processes for photoactivating a binding agent are extremely well known in the art, and
include exposing the antibody to radiation, wherein the resulting altered antibody is
capable of generating an immune response when administered to an animal typically
21 capable of generating an immune response to the native form of the antibody.

In a preferred embodiment of the invention, the antibody is exposed to
ultraviolet light. Typically, the antibody may be exposed to ultraviolet light at a
wavelength from about 200 nm to about 400 nm, at from about .1 to about 1000
25 Joules/cm², for from about 1 to about 180 minutes (more preferably, about 10 to about
30 minutes).

3. DELIVERY SYSTEM

29 Since some binding agents such as proteins are by themselves poor immunogens,
their immunogenicity may be augmented by administration in immunological adjuvants

1 and antigen delivery systems. The immunogenicity of a specific composition may also
be increased or optimized by choice of delivery route. For example, the
immunogenicity of compositions produced in accordance with the present invention
that include a monoclonal antibody may be increased by choosing a mode of delivery
5 that increases the direct contact between the binding agent and the antigen. The
preferred route is intravenous. Those skilled in the art are conversant with the various
choices available, and why one route might be chosen over another route for a
particular binding agent.

9 One skilled in the art will also recognize that liposomes, nanospheres, micelles,
or microspheres may be used to administer a composition, and that such administration
may increase immunogenicity.

13 4. PHOTSENSITIZER

Compositions of the present invention may include one or more
photosensitizers. Exemplary photosensitizers include, but are not limited to
fluorescein, hematoporphyrin derivatives (e.g., Photofrin®), porphyrin derivatives, and
17 perylenequinoid pigments. In a preferred embodiment of the invention, the
photosensitizer comprises the use of perylenequinone (PQP) derivatives as
photodynamic agents, and the use of PQP derivatives in immunophotodynamic therapy
(IPT).

21 The invention also comprises a method of treating a disease by administering a
therapeutically sufficient amount of at least one PQP derivative bound to a binding
agent, and activating the conjugate, typically by photoactivating the PQP derivative.
Typically, the PQP derivative may be activated by exposing the derivative to a pre-
25 determined wavelength of light. The invention also includes a method of treating
cancer which is enhanced in the presence of light wavelengths between about 400 nm
and about 850 nm. Suitable PQPs include, but are not limited to those disclosed in U.S.
Serial No. 08/782,048, incorporated herein by reference. In a preferred embodiment of
29 the invention, the PQP is hypocrellin B, molecules derived from HB, and compositions
that include HB or one or more of its derivatives.

1 The desired characteristics for a PDT sensitizer comprise at least one or more of
the following characteristics: good absorption of light in a wavelength that penetrates
tissue to the desired depth (absorption in the 600 nm to 850 nm range penetrate the skin
many mm), compound sensitive to pH - inactive, lower activity or activity destroyed at
5 the pH characteristic of normal tissues, but active or higher activity at the pH of the
cells or organisms to be treated; compound cleared from the body quickly and if a
compound is intended to treat solid tumors it should have the ability to function either
in the presence and/or absence of oxygen to address the problem of tumor cell hypoxia.
9 The photosensitizer should have low dark cytotoxicity, and excellent photopotentialization
of cellular damage. The PDT toxic effect may be mediated via necrotic, apoptotic cell
death, or by stasis of the tumor vasculature or vascular bed.

13 5. EFFECTORS

 The present invention includes a composition comprising a binding agent bound
to or used in conjunction with one or more effectors. As used herein, effector refers to
a substance that affects the activity of the binding agent without binding to the substrate
17 (or antigen) binding site.

 A conceptually straightforward method to functionalize recombinant antibodies
consists of sequentially fusing the antibody gene with the gene of a second protein, and
expressing the resulting fusion protein as a single protein. Exemplary second proteins
21 include but are not limited to:

 a. A signal amplification moiety, such as a biotin mimetic sequence, which can
be introduced at the C-terminus of a binding agent as a detection tag because of strong
affinity of streptavidin-biotin;

25 b. Liposomes: fusion of certain amino acid sequences (with negative charges
under physiologic condition) with a binding agent, such as single chain Fv-B43.13.

 Therefore, the fusion protein can easily be trapped by liposomes;

 c. Cytokine sequences (e.g. IL-2): IL2 is a lymphokine synthesized and secreted
primarily by T helper lymphocytes which have been activated by stimulation of the T
29 cell receptor complex with antigen/MHC complexes on the surfaces of antigen-

1 presenting cells. The response of T helper cells to activation is induction of the
expression of IL2 and of IL2 receptors. IL2 possesses a variety of other activities which
affect B cell growth and differentiation, formation of LAK cells, and augmentation of
NK cells and enhancement of their cytolytic activity. Because of the central role of the
5 IL2/IL2 receptor system in mediation of the immune response, it is obvious that
manipulation of this system has important therapeutic implications. IL2 has already
shown promise as an anti-cancer drug by its ability to stimulate the proliferation and
activities of tumor attacking LAK and TIL cells.

9 d. Toxin: immunotoxins made by attaching a toxin (e.g. *Pseudomonas* extoxin
and bacteria RNase) to the antibody or antibody fragments to produce cytotoxic
molecules that selectively kill target tumor cell.

13 e. Enzyme: an antibody-directed enzyme pro-drug therapy system is a
particularly attractive artificial effector method. In this approach, an antibody is used to
target an enzyme to the tumor, and to retain it while the antibody-enzyme conjugate
clears from normal tissues. A non-toxic pro-drug is then administered, and this is
activated by the enzyme to produce a cytotoxic drug at the tumor site.

17 f. Radionuclide chelator: any peptide that binds to a radionuclide chelator, e.g.,
metallothionein (MT). MT is a ubiquitous, low-molecular weight, metal-binding
protein that participates in metal metabolism and detoxification. Mammalian forms of
MT bind seven ions in tetrahedral metal-thiolate clusters, including technetium and
21 other metals useful for targeted radiodiagnosis or therapy.

25 g. A phagocytosis enhancer, e.g., tuftsin. Tuftsin is natural tetrapeptide (Thr-
Lys-Pro-Arg) that was found to manifest several biological activities, including
activation of macrophages/monocytes and stimulation of phagocytosis. It has a wide
spectrum of immunoadjuvant activities which it exerts on the phagocytic cells, the
polymorphonuclear leukocyte, the monocyte and the macrophage. In animal and
clinical studies, tuftsin has displayed anti-tumor and anti-infection activity with no
detectable toxicity.

29 The fusion protein scFv-tuftsin was defined as a recombinant fusion protein that
is composed scFv antibody binding domain connected with tuftsin by an artificial

1 linker. This bi-functional protein was designed to achieve higher specific anti-idiotypic immunogenicity.

METHOD

5 In an embodiment of the invention, MAb B43.13, directed against a first epitope on the multi-epitopic antigen CA 125, induces an immune response against CA 125 through one or more second epitopes on the CA 125 antigen. In a preferred embodiment of the invention, any of the second epitopes are cryptic or previously
9 inaccessible epitopes that are exposed or available for interacting with a component of the immune system reaction after MAb B43.13 binds to the antigen. Cryptic or previously inaccessible refers to an epitope or binding site on the pre-determined antigen that does not activate or stimulate the immune system when the antigen is
13 unbound by a binding agent according to the invention.

As used herein, "administering" refers to any action that results in exposing or contacting a composition containing a binding agent with a pre-determined cell, cells, or tissue, typically mammalian. As used herein, administering may be conducted *in vivo*,
17 *in vitro*, or *ex vivo*. For example, a composition may be administered by injection or through an endoscope. Administering also includes the direct application to cells of a composition according to the present invention. For example, during the course of surgery, tumor cells may be exposed. In accordance with an embodiment of the
21 invention, these exposed cells (or tumors) may be exposed directly to a composition of the present invention, e.g., by washing or irrigating the surgical site and/or the cells.

For diseases that can be characterized in part by having a tumor-associated antigen that is multi-epitopic, the present invention involves contacting a soluble
25 antigen with a binding reagent (BA) that specifically binds to a single epitope on the multi-epitopic tumor-associated antigen.

In accordance with a method of the invention, the binding agent must be capable of binding a pre-determined binding site or receptor, and may be administered to the
29 patient by any immunologically suitable route. For example, the binding agent may be introduced into the patient by an intravenous, subcutaneous, intraperitoneal,

1 intrathecal, intravesical, intradermal, intramuscular, or intralymphatic routes. The composition may be in solution, tablet, aerosol, or multi-phase formulation forms. Liposomes, long-circulating liposomes, immunoliposomes, biodegradable microspheres, micelles, or the like may also be used as a carrier, vehicle, or delivery system.

5 Furthermore, using *ex vivo* procedures well known in the art, blood or serum from the patient may be removed from the patient; optionally, it may be desirable to purify the antigen in the patient's blood; the blood or serum may then be mixed with a composition that includes a binding agent according to the invention; and the treated
9 blood or serum is returned to the patient. The clinician may compare the anti-idiotypic and anti-isotypic responses associated with these different routes in determining the most effective route of administration. The invention should not be limited to any particular method of introducing the binding agent into the patient.

13 Administration may be once, more than once, and over a prolonged period. As the compositions of this invention may be used for patient's in a serious disease state, i.e., life-threatening or potentially life-threatening, excesses of the binding agent may be administered if desirable. Actual methods and protocols for administering
17 pharmaceutical compositions, including dilution techniques for injections of the present compositions, are well known or will be apparent to one skilled in the art. Some of these methods and protocols are described in *Remington's Pharmaceutical Science*, Mack Publishing Co. (1982).

21 A binding agent may be administered in combination with other binding agents, or may be administered in combination with other treatment protocols or agents, e.g., chemotherapeutic agents.

The effectiveness of the proteins of the present invention may be monitored *in vitro* or *in vivo*. Humoral responses may be monitored *in vitro* by conventional
25 immunoassays, where the anti-tumor activity of the response may be determined by complement-mediated cytotoxicity and/or antibody-dependent cellular cytotoxicity (ADCC) assays. The assay methodologies are well known, and are described in
29 *Handbook of Experimental Immunology*, Vol. 2, Blackwell Scientific Publications, Oxford (1986). Other assays may be directed to determining the level of the antigen in

1 the patient or tissue. Cell-mediated immunity may be monitored *in vivo* by the
development of delayed-type hypersensitivity reactions, or other *in vivo* or *in vitro*
means known to those skilled in the art, including but not limited to the skin test
reaction protocol, lymphocyte stimulation assays, measuring the toxicity of a subject's
5 lymphocytes to tumor cells by using a standard cytotoxicity assay, by a limiting
dilution assay, or by measuring plasma levels of cytokines using standard ELISA assays.

Determining the effectiveness of a specific binding agent – antigen pair may also
be accomplished by monitoring cell killing. Those skilled in the art will recognize that
9 there are a variety of mechanisms that are proof of cell killing. As shown in the
Examples, cell killing may be demonstrated by showing that Ab3 mediates ADCC, that
Ab1 and HAMA mediates CDC, that natural killer (NK) cells are produced, and/or
that cytotoxic T lymphocytes (CTLs) are produced.

13 EXAMPLES

Example 1. Antibody mediated immunotherapy influence of circulating antigen
in inducing antigen specific anti-tumor immune responses.

17 This example demonstrates the use of antigen-specific murine monoclonal
antibodies to induce an immune response against an immune-suppressive tumor-
associated antigen. Injecting an antibody against a specific epitope in a multi-epitopic
antigen can lead to immune responses against various other epitopes on this antigen.

21 In an attempt to understand the mechanism of action of MAb-B43.13, various
immunological parameters were studied in patients injected with this antibody. These
studies clearly demonstrated activation of both the humoral and cellular anti-cancer
immune responses.

25 The generation of human CA125-binding antibodies was measured before MAb-
B43.13 injection and correlated to pre-injection CA125 levels as well as to survival data.
Table 1 shows that generation of anti-CA125 antibodies correlates with CA125 pre-
injection levels. Circulating CA125 affects the development of anti-CA125 antibodies
29 only when patients received the MAb-B43.13 injection. If anti-CA125 antibodies before
injection of MAb-B43.13 are compared between patients with low or high CA125

values (below or above 100 U/mL), no difference was found between the two groups (Table 1). A minimum concentration of 100 U/mL of CA125 was chosen as representing a significant amount of CA 125.

Tumor killing either through an anti-CA125 antibody-mediated ADCC mechanism or through CA125-specific CLTs, lead to increased survival in patients injected with MAb-B43.13. Although high levels of serum CA125 have been suggested to be a poor prognostic indicator, they seem to have a beneficial effect in combination with the injection of anti-CA125 antibody in such patients. For example, when the CA125 levels were more than 100 units/mL, immune response against CA 125 increased by more than 20% which in turn increased the median survival in those patients from 39.1 months to 54.5 months (Table 1). Thus the injection of a binding agent to a patient containing elevated levels of multiepitopic soluble antigen leads to antigen specific humoral and cellular response which in turn leads to tumor killing followed by improved survival.

TABLE 1: Correlation between Serum CA125 Levels, Human Anti-CA125 (Ab₁) Response and Survival in Patients Injected with MAb-B43.13

Preinjection Serum CA125 Level	%-age of Patients with Human Anti-CA125 Response	Mean Survival in Month
< 100 U/mL	10.3%	39.1
> 100 U/mL	32.6%	54.5

1 **TABLE 2:** Correlation between Serum CA125 Levels and Antibody Levels in Patients
 Injected with MAb-B43.13.

5	Pre-injection Serum CA125 Level	Anti-CA125 Antibody Titre (No. of Positive/Total Patients)
	< 100 U/mL	3/29
9	> 100 U/mL	15/46

 The correlation between CA125 antibodies and survival, with a CA 125 cut-off
of 10⁵ U/ml is shown in Table 4.

13

Table 4 anti-CA125 Antibodies									
	n	[ng/ml]	P	mean \pm SD [fold increase]		P	mean \pm SD [months]	Survival median	p
Anti-CA125 Non-Responders	27	61.8 \pm 25.1	0.0031	1.3 \pm 0.7		<0.0001	34.8 \pm 18.2	34.0	<0.0001
Anti-CA125 Responders	20	346.4 \pm 376.3		7.4 \pm 5.1			67.6 \pm 27.0	67.0	
CA125 < 105 U/ml	19	94.0 \pm 61.0	0.0213	2.4 \pm 1.3		0.0089	46.1 \pm 26.8	40.5	0.7369
CA125 > 105 U/ml	28	239.8 \pm 308.8		5.3 \pm 5.2			50.5 \pm 28.3	44.5	
Anti-CA125 Non-Responders									
CA125 < 105 U/ml	12	53.8 \pm 12.0	0.1146	1.6 \pm 0.7		0.8448	38.5 \pm 23.5	37.5	0.4945
CA125 > 105 U/ml	15	68.2 \pm 31.0		1.5 \pm 0.7			31.8 \pm 12.6	30.0	
Anti-CA125 Responders									
CA125 < 105 U/ml	7	162.9 \pm 46.1	0.0152	3.9 \pm 0.4		0.0009	51.9 \pm 24.0	45.0	0.0572
CA125 > 105 U/ml	13	445.2 \pm 357.8		9.6 \pm 4.7			76.0 \pm 25.4	82.0	
CA125 < 105 U/ml									
Anti-CA125 Non-Responders	12	53.8 \pm 12.0	0.0006	1.6 \pm 0.7		<0.0001	38.5 \pm 23.5	37.5	0.2718
Anti-CA125 Responders	7	162.9 \pm 46.1		3.9 \pm 0.4			51.9 \pm 24.0	45.0	
CA125 > 105 U/ml									
Anti-CA125 Non-Responders	15	68.2 \pm 31.0	0.0025	1.5 \pm 0.7		<0.0001	31.8 \pm 12.6	30.0	<0.0001
Anti-CA125 Responders	13	445.2 \pm 357.8		9.6 \pm 4.7			76.0 \pm 25.4	82.0	

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1 In an attempt to understand the mechanism behind anti-CA125 antibody formation
by MAb-B43.13 injection in cancer patients, we characterized the human anti-CA125
antibodies present in their sera. For example, if the anti-CA125 antibodies were generated
in the manner suggested by the idiotypic network, MAb-B43.13 would generate anti-MAb-
5 B43.13 antibodies, some of which would exactly mimic the CA125 antigen (= Ab2 β).
These in turn can generate anti-CA125 antibodies (= Ab3). The Ab3 generated through this
pathway would bind to the same epitope on CA125 as the Ab1 (=B43.13) and therefore
compete with the binding of MAb-B43.13 to the antigen.

9 On the other hand, antibodies generated through the antigen itself will bind to
various epitopes available on the antigen. If the anti-CA125 antibodies were generated in a
manner suggested by the present invention, the pathway would follow Ab1 + soluble
antigen - Ab1c. Following this scheme, MAb-B43.13 (Ab1) would bind the CA125 serum
13 antigen, which would in turn generate an anti-CA125 antibody (Ab1c). Furthermore, the
Ab1c antibodies generated under this pathway would bind and be inhibited by other anti-
CA 125 antibodies, such as B27.1 or M11, because, as noted above, CA125 is multi-epitopic
and B43.13, M11, and B27.1 epitopes are distinct. Also, Ab1c will not bind to anti-MAb-
17 B43.13 antibodies.

Analysis of the serum samples with positive anti-CA125 titer demonstrated that
their binding to CA125 could be inhibited not only by MAb-B43.13 single chain antibody
but also by F(ab') fragments of other anti-CA125 antibodies, B27.1 and M11, that recognize
21 epitopes on CA125 which are different from B43.13 (Tables 3 and 4). Sera from only two
patients were considered to contain anti-CA125 antibodies that were exclusively generated
via idiotype induction of MAb-B43.13 (= Ab3) i.e. anti-CA125 antibodies that could only
and completely be inhibited with MAb-B43.13 and bound to polyclonal rabbit Ab2.

25 Thus, if the patients serum contained anti-CA125 antibodies that were inhibitable
by MAb-B43.13 only, it was classified as containing Ab3; those inhibitable by MAb-B27.1
were classified as Ab1c. In other words, injecting a binding agent such as an antibody
against a single epitope on a multi-epitopic antigen leads to generation of a humoral and

1 cellular response against a different epitope on the antigen.

2 The presence of a multi-epitopic anti-CA125 response in sera of MAb-B43.13 treated
3 patients with high CA125 levels make us believe that, besides anti-idiotypic induction, other
4 mechanisms exist to induce an immune response against tumor-associated antigens. In this
5 scenario, the injected antibody forms a complex with the circulating antigen *in vivo*. This
6 process can cause several effects. The complexation of the antigen by antibodies can
7 facilitate the uptake of CA125 by professional antigen-presenting cells (APC) and thus
8 render the antigen more immunogenic. The complexing antibody – in our case from a
9 murine source – could also function as an adjuvant, adding a foreign component to the self-
10 antigen CA125 that might facilitate recognition by the immune system. Epitopes of the
11 antigen are blocked by the complexing antibody and are either protected from processing
12 or processed at different sequences thus creating new peptides for MHC-binding. It is also
13 possible that a conformational change in the antigen takes place upon antibody binding
14 thereby exposing new epitopes to the immune system, including sub-dominant or immune-
15 dormant epitopes.

16 It is interesting to note that the complex formation between CA125 and MAb-
17 B43.13 has also been observed during pharmacokinetic studies, as determined by drop in
18 circulating CA125 levels upon injection of MAb-B43.13. When patients received more
19 than one injection and patients developed high amounts of human anti-mouse antibodies
20 (HAMA), the antibody showed rapid clearance to liver and spleen, as demonstrated in
21 immunoscintigraphic studies. Antigen-antibody complexes, accumulated in lymphoid
22 centers like the spleen, are known to be very efficiently presented to T cells by antigen-
23 presenting cells, such as B cells, macrophages, or dendritic cells.

24 Augmentation of antigen processing and presentation by immune complexing has
25 been demonstrated in several systems. Targeting tetanus toxoid to FcγR by complexing
26 with anti-tetanus toxoid IgG results in a 10-1000-fold increase in processing and
27 presentation of this antigen as measured by T_H cell activation. A similar increase in
28 immunogenicity was observed with hepatitis B antigen complexed with its corresponding

1 antibody. Also the natural presence of antibodies against α -galactosyl epitopes has been
used to augment tumor vaccine immunogenicity in α -galactosyl -modified tumor-associated
antigens.

5 It was observed that MAb-B43.13 has a protective effect on its CA125 epitope
during antigen processing by the immune system. The MAb-B43.13 epitope was recognized
by almost all anti-CA125 antibody samples from patients (inhibition in 78% of the samples,
Table 4).

9 The reverse seems to be true as well, i.e. CA125 has conserving properties on the
idiotope of MAb-B43.13 during the antigen processing event. The increased formation of
Ab2 in mice immunized with the CA125-MAb-B43.13 complex compared to mice
immunized with MAb-B43.13-KLH (Figure 3) and the increased Ab2 production in MAb-
B43.13 injected patients with CA125 titers above 100 U/mL confirm this observation. See
13 Table 4 and Figure 6 for a summary and Table 5 for the details of these results. Sera from
these patients were analyzed for the presence of human anti-CA125 antibodies by their
ability to bind to CA125 [R. Madiyalakan et al, *Hybridoma*, 14:199-203 1995) and Schultes
et al., *Cancer Immunology and Immunotherapy* 46:201-212 (1998)]. Antibody purified from
17 pooled patients' sera were found to inhibit B43.13 in similar assays, but not B27.1. The
explanation for this anomaly is yet to be determined. However, it has been confirmed
using M11 antibodies that B43.13 binds to a distinct epitope, and that upon binding with
B43.13, CA 125 is in fact recognized by the immune system.

1

Table 3

5

9

Inhibition			
No. of Positives/Total			
(%)			
CA125 10000 U/ml	B43.13 scFv 1 μ g/ml	B27.1 F(ab') 1 μ g/ml	M11 F(ab') 1 μ g/mL
26/28	22/28	11/28	8/19
(92.8)	(78.6)	(39.3)	(42.1)

TABLE 4: Characterization of Anti-CA125 Antibodies in Patients Injected with MAb-B43.13

Patient	Inj. #	days post- inj.	Anti- CA125 Ab levels (ng/mL)	Binding to anti-MAb B43.13 (AB2)†	Inhibition (%) ¹				Classification
					CA125 10000 U/mL	B43.13 ScFv ² 10 µg/mL	B27.1 F(ab') ² 1 µg/mL	M11 F(ab') ² 1 µg/mL	
1	3	0	14.8	+	62.3	42.6	5.8	2.3	Ab3
2	1	185	9.5	-	21.6	-46.9 ³	-86.9 ³	24.3	Ab1c
3	2	239	45.4	+	89.7	95.3	12	ND	Ab3
	3	86	25.4	+	80.2	84.4	-0.5 ³	2.1	Ab3
	3	207	48.7	+	91.4	94.0	-9.1 ³	ND	Ab3
	4	144	79.7	+	77.1	93.0	3.5	4.5	Ab3
	4	270	30.9	+	79.2	83.0	-55.8 ³	ND	Ab3
	4	309	16.7	+	77.0	83.0	-55.8 ³	ND	Ab3
	5	45	16.0	+	51.6	50.9	34.8	ND	Ab3/Ab1c
	5	134	64.1	+	89.1	83.3	-37.3 ³	-2.3	Ab3
4	2	15	23.6	-	62.3	-84.8 ³	-101.9 ³	18.5	Ab1c
	2	41	21.6	-	56.9	20.2	-7.0 ³	ND	Ab1c
	2	76	23.1	-	63.6	29.4	4.5	ND	Ab1c
	3	28	11.1	-	24.2	4.7	11.1	35.6	Ab1c

Patient	Inj #	days post- inj.	Anti- CA125 Ab levels (ng/mL)	Binding to anti-MAB B43-13 (AB2)†	Inhibition (%) ¹				Classification
					CA125 10000 U/mL	B43.13 ScFv ² 10 µg/mL	B27.1 F(ab) ² 1 µg/mL	M11 F(ab) ² 1 µg/mL	
5	1	16	15.5	+	74.8	78.3	39.9	-12.5	Ab1c/Ab3
6	3	0	10.3	+	54.0	60.2	22.7	1.5	Ab1c/Ab3
7	3	0	14.9	-	29.7	-70.2 ³	-358.9 ³	ND	Ab1c
8	3	7	59.1	--	77.1	87.1	34.9	12.5	Ab1c
	3	17	46.9	-	78.4	86.5	40.7	9.6	Ab1c
9	3	112	9.2	-	-66.4 ³	16.0	20.2	45.6	Ab1c
	3	166	8.5	-	-18.4 ³	42.5	56.5	33.8	Ab1c
10	3	0	41.5	-	30.8	39.2	20.0	57.8	Ab1c
11	5	134	8.8	-	19.0	24.4	3.5	-6.5	Ab1c
	6	134	8.7	-	18.0	39.0	46.0	ND	Ab1c
	9	26	13.4	-	54.5	19.3	11.1	ND	Ab1c
	9	65	13.3	-	56.1	24.4	3.7	ND	Ab1c
	10	40	9.4	-	61.4	37.0	33.4	2.3	Ab1c
12	2	14	10.6	-	24.5	-54.4 ³	19.9	65.8	Ab1c
13	1	15	11.5	-	30.8	47.4	55.8	2.5	Ab1c
14	2	17	10.1	-	30.3	-51.2 ³	1.2	32.4	Ab1c

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¹ To be considered to be significant, inhibition has to be at least 15%

² Single chain MAb-B43.13, F(ab') MAb-B27.1, and F(ab') M11 were used in the inhibition studies to avoid non-specific inhibition due to the Fc portion of the antibody and cross-reactivity due to HAMA.

³ This experiment produced an anomalous result, as evidenced by the negative number, the reasons for which have yet to be determined.

† Anti-MAb-B43.13 (Ab2) was purified from rabbits injected with MabB43.13.

ND = not determined. NA = not applicable

Therefore, complex formation can lead to enhanced anti-CA125 as well as anti-idiotypic antibody formation. Manca et al., *J. Immunol.* 140:2893 (1988) and Ling et al., *Immunology* 62:7 (1987) have shown that antibodies can preserve the sequence of their epitope during antigen-processing and antibodies have been used to raise immune responses to less immunogenic epitopes of an antigen.

Enhanced antigen-presentation of antigen-antibody complexes was attributed to facilitated antigen uptake via the Fc γ -receptor (macrophages, dendritic cells) or membrane-bound Ig (B cells) on professional antigen-presenting cells (APC). The human Fc γ RI and RIII-receptor on macrophages and dendritic cells does not bind murine IgG₁, but the human Fc γ RII, which mediates phagocytosis and pinocytosis of small immune complexes, has strong affinity to this murine IgG isotype. Accordingly, various professional APC can be involved in the preferential presentation of the CA125-MAb-B43.13 complex. We tested B cells with two different specificities as well as macrophages as APC: CA125-specific B cells (from mice immunized with CA125) and anti-MAb-B43.13-specific B cells (from mice immunized with MAb-B43.13). Normal B cells served as control. When the proliferation of CA125-specific T cells was monitored by [methyl-³H]-Thymidine uptake, optimal stimulation was observed in MAb-B43.13 specific B cells, primed with the CA125-MAb-B43.13 complex (Figure 3), followed by presentation of CA125 by CA125-specific B cells. Enhanced presentation of immune complexes by macrophages and dendritic cells is

1 mediated by preferential uptake via the FcγR. Figure 4 confirms that CA125 is presented
more efficiently by macrophages, if complexed with an antigen specific antibody.

The ability of MAb B43.13 to increase the immunogenicity of CA 125 was studied
in a mouse model by immunizing a mouse with the CA 125-MAb 43.13 complex,
5 compared to CA125 or MAb B43.13 alone as the immunogen. When the mouse sera was
analyzed for anti-CA125 antibody levels, the mice injected with the antigen-antibody
complex had the highest titers (see Figure 5). This supports the observation that
interaction of the antigen with a specific antibody leads to a higher antigen specific humoral
9 immune response compared to antibody or antigen alone.

These results clearly indicate that when an antibody against a single epitope (B43.13)
was injected into a patient, an antibody response against the whole antigen is generated
which recognizes different epitopes present in the antigen. In other words, injecting a
13 binding agent such as a monoclonal antibody to a soluble multi-epitopic antigen into a
patient having a functioning immune system generates an antibody to the antigen, where
the generated antibody is inhibited by antibodies to different epitopes.

17 Example 2.

Similarly, injecting the binding agent to the cancer patients having circulating
CA125 lead to antigen specific CTL's. Peripheral Blood Mononuclear Cells (PBMC) from
eight patients injected with MAb-B43.13 were tested for cytotoxicity against CA125
21 positive or CA125 negative ovarian tumor cells in a chromium release assay. The results
are shown in Table 5. The specificity of the lysis was confirmed by the ability of MAb-
B43.13 to inhibit such lysis, as well as the inability to kill CA125 negative tumor cells. Of
the 8 patients who received MAb-B43.13, at least four patients (#5 to #8) were determined
25 to have CA125 specific cytotoxic T lymphocytes (CTL's) in their blood. The generation
of CA125 specific CTL's are likely to kill ovarian tumor cells in patients.

TABLE 5: Cytotoxicity In Patients Injected With A Vaccine Containing MAb-B43.13

PATIENT ID	SAMPLE		PERCENT LYSIS			PERCENT INHIBITION BY MAb-B43.13 (5 µg)	PERCENT DIFFERENCE BETWEEN CA 125 positive and CA 125 negative CELLS
	Injection Number	Days Post Injection	CAOV-4	SK-OV-3	K562		
1	2	17	2.0	0.0	3.7	ND*	insignificant
2	2	0	9.8	7.5	33.5	ND	31
3	3	0	22.8	20.4	64.3	ND	12
4	3	0	25.8	20.2	44.5	4.7	28
5	3	0	65.1	45.4	80.7	ND	43
6	3	0	23.1	20.0	42.0	19.2	16
	3	6	7.4	5.2	10.2	53.0	42
7	4	355	10.3	3.1	18.9	ND	23
8	10	425	25.5	18.2	39.2	15.4	40

*ND = Not Done due to lack of sufficient lymphocytes

Results are the mean of one experiment performed in triplicate

Example 3. Immunotherapy of human ovarian carcinoma in an animal model

In order to investigate the therapeutic effectiveness, MAb-B43.13 was tested in a human-PBL-SCID/BG mouse model. Mice were reconstituted with human-PBL(normal donors) by i.p. injection of 2 to 3×10^7 PBL/mouse. MAb-B43.13 was administered at 100 µg/mouse in PBS, in different experimental set-ups. An isotype matched control antibody (MOPC21 or MAb-170) and PBS injection served as controls. The ovarian cancer cells NIH: OVCAR-Nu3 were injected i.p. at 1×10^6 cells/mouse or s.c. at 4×10^6 cells/mouse . Hu-PBL-SCID/BG mice were either immunized before injection of tumor cells, or after small tumors were established (two weeks after transplantation). In another experiment, tumor-bearing mice (s.c.) were injected with MAb-B43.13 two weeks after tumor transplantation, along with PBL .

Antibody injections were repeated twice in 2-week intervals. Functional and

1 cellular characterization of serum and PBL from these mice demonstrated the successful
engraftment of a human immune system in those mice.

All three experiments showed that MAb-B43.13 treatment could: a) delay or
prevent development of tumors; b) reduce the size of small, established tumors (s.c. tumor
5 injection) or suppress ascites production; c) delay tumor growth when injected prior to
tumor implantation and d) prolonged the survival of mice (i.p. tumor injection).

Human tumor infiltrating lymphocytes (TIL) were identified in mice using flow
cytometry, which might contribute to the in vivo anti-tumor activity of MAb-B43.13.

9 At the endpoints of the therapy study, surviving mice from different treatment
groups were euthanized. Blood, spleen, tumor, and peritoneal washes were obtained form
the measurement of human immunoglobulin as well as flow cytometric analysis of human
PBL in mouse tissues. Tumors were also analyzed by immunohistochemistry.

13 **Example 5.** Induction of idiotypic network to anti-MUC-1 antibody in breast
cancer.

MUC-1 proteins (polymorphic epithelial mucin) expressed on malignant epithelium
17 are under-glycosylated, which leads to exposure of novel T and B cell epitopes. An anti-
MUC-1 murine clone can be generated by immunization of mice with CA15.3 antigen, a
glycoprotein consisting of an MUC-1 protein and carbohydrate residues, and characterized
for its binding specificity to CA15.3 and MUC-1 tandem repeat core peptide by ELISA and
21 to MUC-1 transfectoma by FACS analysis. Injection of a monoclonal antibody (Ab1) from
the anti-MUC-1 murine clone alone and/or conjugated to KLH into mice carrying MUC-1
transfectoma will result in anti-idiotypic antibody (Ab2) and anti-anti-idiotypic antibody
(Ab3) production. A minimum of four injections at a dose of 50 μ g/mouse would be
25 expected to obtain a measurable humoral response. The Ab2 and Ab3 levels should reach
their peak after six injections. The anti-idiotypic antibody (Ab2) would compete with the
native antigen. CA15.3 T-cell proliferation studies shows specific response to the injected

1 antibody and CA15.3 indicating the presence of idiotype specific T-cells (T2) and anti-
idiotype specific T cells (T3). In addition, a breast tumor model was developed using
a human MUC-1 gene transfected mouse mammary carcinoma, 413BCR. Groups of mice
can be treated with an anti-MUC-1 antibody conjugated with KLH or human
5 immunoglobulin conjugate, and compared to appropriate positive control (liposomal
MUC-1) and negative control (murine immunoglobulin). Immunizations can be performed
twice before or after tumor implantation at weekly intervals. The tumor volumes can be
measured weekly and the growth rates assessed. A significant tumor reduction would be
9 observed in mice treated with the anti-MUC-1 antibody conjugate as compared to other
groups.

Example 6.

13 A composition according to the invention can be produced against CA 19.9 (SLe^a),
an excellent marker for pancreatic cancer (87%), gastric cancer (68%), and colo-rectal cancer
(50%).

17 An appropriate binding agent, such as a monoclonal antibody specific for CA 19.9,
can be selected. Such an antibody could be an IgG3 antibody that binds strongly to CA
19.9, and is shown to mediate tumor killing through CDC *in vitro*.

21 Approximately 10⁴ chromium labeled SW 1116 (2200 CPM) can be incubated with
different concentrations of an antibody such as NS1116 and unspecific mIgG3 (20 µg/mL
to 0.0025 µg/mL). The antibodies could be incubated for 45 minutes at 4°C. In the
treatment groups incubated with HAMA, the antibodies are washed twice with medium
and incubated with 1 µg/mL of HAMA for 45 minutes at 4°C. All plates are washed and
effector cells (fresh collected human PBLs) or fresh human serum (20% in medium) are
25 added and incubated for four hours. The cytotoxic index (C.I.) is then calculated. Paired T
test is used to analyze each concentration.

It would be expected that the monoclonal antibody specific for CA 19.9 is

1 extremely effective in complement-mediated cytotoxicity. Such cytotoxicity is increased in
the presence of HAMA. The anti-tumor effect of the MAb can also be analyzed in
SCID/BG mice reconstituted with human PBL. One would expect to show a reduction in
tumor volume as a result of the binding agent and the binding agent/antigen complex.

5
Example 7. PSA directed immunotherapy of prostate cancer (Production of AR47.47)

Prostate specific antigen (PSA) represents an attractive target for the
9 immunotherapy of prostate cancer. This glycoprotein is almost exclusively synthesized by
the prostatic gland and is currently used for the diagnosis and monitoring of prostate cancer
patients. However, since PSA is recognized as a self-antigen, it is essential for effective
immunotherapy to develop innovative strategies capable of triggering the immune system
13 and induce a protective immunity against PSA expressing cells. This example demonstrates
the use of an antibody to elicit an anti-idiotypic cascade associated with an antigen specific
anti-tumor immune response. A large panel of anti-PSA monoclonal antibodies have been
produced in our laboratory and these antibodies were evaluated for their potential
17 therapeutic efficacy against prostate cancer. We have demonstrated that the immunization
of mice with a selected anti-PSA antibody can induce a specific immunity against PSA
itself. These results therefore emphasize the potential use of anti-PSA antibodies for the
immunotherapy of prostate cancer.

21 Hybridoma clones secreting anti-PSA antibodies were produced by fusion of the
murine myeloma cells Sp2/O with the splenocytes of a Balb/c mouse immunized with
human PSA. An exemplary clone, AR47.47, binds to an epitope of PSA corresponding to
amino acid sequences 139-163 of the PSA molecule. It has now been shown that AR 47.47
25 also recognizes amino acid sequences 135-150, produces a stronger signal, and may be the
minimum sequences required for binding.

The first criteria of selection used to identify the anti-PSA antibody was the ability

1 of this antibody to interact with circulating PSA. Circulating PSA is found either in a free
form or complexed to anti-proteases such as α -anti-chymotrypsin and α 2-macroglobulin.
To screen for clones we used three different forms of PSA: free PSA; PSA complexed to α -
5 anti-chymotrypsin (PSA-ACT); and free PSA non complexing to α -anti-chymotrypsin
(PSA-nc). Free PSA corresponds to PSA directly purified from human seminal fluid. Co-
incubating free PSA with purified ACT results in the formation of PSA-ACT and PSA-nc.
PSA-nc can be separated by gel filtration chromatography. It is believed that PSA-nc may
9 represent the free form of PSA present in the circulation. Complexing of PSA with α 2-
macroglobulin results in the total encapsulation of PSA. As a consequence, this form of
PSA is no longer detectable by monoclonal anti-PSA antibodies. We therefore did not use
this form of circulating PSA for the screening.

PSA belongs to the kallikrein family and a high degree of structural homology is
13 found between PSA and the kallikreins HK1 and HK2. The absence of cross reactivity of
the anti-PSA antibody with kallikrein isolated from human plasma was used as second
criteria for selection.

The hybridoma clone AR47.47 responded to the criteria described above, a strong
17 immunoreactivity was observed with the three forms of PSA used for the screening
whereas no cross reactivity was observed with human plasmatic kallikrein. The hybridoma
clone AR47.47 was cloned twice by limiting dilution and the second generation clone
AR47.47R6R6 was chosen for further studies. Clone AR47.47R6R6 was adapted to
21 standard medium (RPMI 10% FBS) and a cell bank was formed. The absence of
mycoplasma contamination was verified by using the Boehringer Mannheim mycoplasma
test. Clone AR47.47R6R6 has been deposited in the American Type Culture Collection,
and has received Accession No. H-B 12526.

25 Immunization in DBA mice with a binding composition according to the invention
(AR47.47) was examined for the induction of a specific PSA immunity via the idiotypic
network (i.e. induction of Ab3 antibodies). Anti-PSA antibodies (Ab3) could be detected in
the serum of animals immunized with AR 47.47, a minimum of two injections of AR 47.47

1 was required for Ab3 production. No reactivity towards PSA was detected for the control
groups (mice immunized with an isotype matched control antibody not related to PSA and
mice receiving PBS injections).

AR 47.47 is directed towards a PSA epitope comprised between the sequence 139-
5 163 of the PSA molecule. The anti-PSA antibodies produced by AR 47.47 immunized mice
can specifically interact with the PSA peptide 139-163, showing that at least part of the Ab3
produced are identical in term of specificity to AR 47.47. These results demonstrate that
the immunization with AR 47.47 can induce a specific anti-PSA immunity in the host.

9 Example 8. Anti-idiotypic induction of PSA immunity in mice

Mice were used to determine whether immunization with anti-PSA antibodies can
induce a specific immunity against PSA via activation of the idiotypic network. The goal of
13 this experiment was to demonstrate that the immunization of mice with anti-PSA
antibodies (Ab1) can stimulate the immune system to generate anti-idiotypic antibodies
(Ab2 = surrogate antigen), and anti- anti-idiotypic antibodies (Ab3) capable of reacting with
the original antigen.

17 These experiments used a commercially available antibody as a model anti-PSA
antibody (RLSD09; ATCC HB-8525). The purified antibody was conjugated to Keyhole
Limpet Hemocyanin (KLH) to enhance its immunogenicity. The anti-PSA antibodies
conjugated to KLH were still capable of binding to PSA, indicating that the idio type of the
21 antibodies were not masked by the conjugation procedure. B43.13 antibody, a mouse
monoclonal antibody of the same isotype as the PSA antibody (IgG1) was used as the
control. B43.13 antibody is specifically directed against the CA125 ovarian tumor antigen
and does not cross react with PSA. In addition FACS analysis verified that the B43.13
25 antibody does not bind at the cell surface of Line-1-PSA or P81 5-PSA.

Mice were subdivided into three groups of five mice each. The first group of mice
was immunized with anti-PSA antibody conjugated to KLH. The second group of mice

1 was immunized with the control B43.13 antibody conjugated to KLH. The third group of
mice received PBS injection. Injections were performed i.p. at 10 days intervals with
complete Freund adjuvant for the first injection and incomplete Freund adjuvant for the
second injection.

5 Ab2 is a surrogate antigen capable of mimicking the PSA epitope recognized by the
injected anti-PSA antibody. A competitive inhibition assay was established to measure the
serum level of Ab2. This assay was performed 5 days after the second injection. An
inhibition was observed after incubation in the presence of mouse sera from mice
9 immunized with anti-PSA antibody, but not when sera from mice immunized with control
antibody or PBS were used. These results indicate that the immunization of Balb/c mice
and DBA mice with the anti-PSA antibody can induce the formation of anti-idiotypic
antibody (Ab2) capable of mimicking PSA.

13 Example 9. Effect of Anti-PSA immunization on tumor development

Balb/c mice were used to determine whether immunization with anti-PSA
antibodies can protect the animals against a subsequent tumor challenge. Balb/c mice were
17 divided into 3 groups of 5 mice each. The first group was immunized with anti-PSA
antibody RLSD09 conjugated to KLH, the second group was immunized with control
antibody B43 conjugated with KLH, the third group received PBS injections. A total of 4
injections were given for each group using 50 μ g of antibodies for each injection. The
21 tumor cells Line-1-PSA were injected intravenously between the third and fourth
injections. Nineteen days after tumor inoculation, the mice were sacrificed, the number of
tumor foci in the lungs and Ab3 levels in the serum were determined.

The tumor burden in the group of mice immunized with anti-PSA MAb was
25 considerably lower compared to the group of mice immunized with control antibody. Of
particular interest is the demonstration, in the group of mice immunized with anti-PSA
MAb, of a negative correlation between Ab3 levels and the number of tumor foci in the

1 lungs.

Example 10. Anti-inflammatory composition.

5 To test for the effectiveness of a composition containing a binding agent in treating inflammation, a double blind experiment can be performed on 18 Sprague Dawley rats (weight about 450g) divided into 3 groups (8 rats in each group).

9 The first group can be vaccinated with KLH conjugated IgM antibody specific for a carbohydrate ligand on leukocytes (250 μ g/rat, i.p.). The second group is vaccinated with KLH conjugated IgM antibody with no binding to the same ligand (250 μ g/rat, i.p.). The third group is a control group, and would receive no vaccination.

13 Inflammation can be induced by injecting 1% carrageenan in 0.9% NaCL (type IV), in the rat right hind paw (0.5 ml/rat). Paw edema can be observed by water displacement measurement and caliper measurement.

The inhibitory effect of this monoclonal antibody on inflammation is clinically different from the control group and control IgM antibody group.

17 **Example 11. Photoactivation increases immunogenicity**

Normal, healthy, Sprague-Dawley rats were used. Animals were randomly grouped (4 per group) to receive four different doses (5 μ g, 10 μ g, 25 μ g and 50 μ g) of MAb 43.13. Pre-injection blood samples were drawn prior to initiation of the injection schedule. Each rat received the appropriate dose of MAb diluted in sterile 0.01 M phosphate buffered saline intravenously. A second study group received 20 μ g of each MAb preparation with or without Incomplete Freund's Adjuvant (IFA). Blood samples were taken just prior to the dose injection at 0, 21, 42, 63 and 77 days.

25 MAb-B43.13 is a murine IgG, reactive with CA 125. Antibody preparations consisted of MAb-B43.13 in the native form or in a UV-exposed form (e.g., photoactivated).

1 Native MAb was diluted from a stock concentration of 5 mg/mL with 0.01 M phosphate
buffered saline to doses of 5, 10, 25 and 50 $\mu\text{g}/100\ \mu\text{L}$. UV exposed MAb was reconstituted
from the lyophilized form with 0.01 M phosphate buffered saline (2.2 mg/0.47 mL) and
diluted to obtain the same doses as for the native MAb.

5 An assay was developed to measure the rat anti-mouse response in the serum of the
injected animals. Anti-isotype rat anti-mouse antibodies were measured using an ELISA
plate coated with an isotype matched control antibody, MOPC 21. Samples were diluted
1/100, allowed to react with the coated antibody, washed, and bound antibody detected
9 using peroxidase conjugated goat anti-rat IgG (H + L) with ABTS substrate. Unknowns
were read off a standard curve generated using a commercial rat anti-mouse antibody.

The results of the rat anti-mouse (RTAMA) analysis of sera from the various groups
of rats injected with native and UV exposed MAb-B43.13 are shown in Tables 6 and Table
13 7. The immunological response to the preparations is expressed in terms of the number of
responders in each group, with the numerical cut-off defined in the tables. This value
(mean of all pre-injection samples (blanks) + 3 S.D.) ensures that a true positive response is
measured and the results are unlikely to be due to assay variation. The tabulation of
17 responders is probably more meaningful given that the fluctuation of the magnitude of
response can be very large and therefore, hinder interpretation.

Table 6

**ANIMAL RESPONSE* TO INTRAVENOUS INJECTION OF NATIVE AND UV
EXPOSED MAb-B43.13 PREPARATIONS**

Sampling Time	Preparation	Number of Responders			
		5 µg	10 µg	25 µg	50 µg
Pre-injection (blank)	Native	NA**	NA	NA	NA
	UV exposed	NA	NA	NA	NA
Day 21	Native	0	0	0	0
	UV exposed	2	3	1	1
Day 42	Native	0	1	0	1
	UV exposed	2	3	4	3
Day 63	Native	1	3	3	3
	UV exposed	2	4	3	4
Day 77	Native	2	2	2	1
	UV exposed	3	4	4	4

* Number of animals responding in a group of four (RTAMA values \geq pre-injection sample mean + 3 S.D.)

** NA = Not Applicable

The data tends to confirm that the response to the UV exposed MAb-B43.13 occurs earlier (after only one injection) as shown by the greater number of responders at all dose levels in the Day 21 groups.

Furthermore, at all other time periods (and after multiple injections), the proportional response of each group given intravenous UV exposed MAb-B43.13 is greater. It may be suggested that the response is sustained longer for UV exposed MAb-B43.13 since the native MAb-B43.13 appears to show a reduced response rate from Day 23 to Day 77. Actual values of increased response at day 77 are shown in Table 7.

Table 7

TOTAL AND AB₂ INDUCTION IN RATS INJECTED WITH NATIVE OR UV-EXPOSED MAB--B43.13

	TOTAL IMMUNE RESPONSE (mean \pm S-E)	Ab ₂ RESPONSE (mean \pm S-E)
Native Mab — B43.13	38.47 \pm 2.99*	18.77 \pm 8.23
UV-exposed Mab — B43.13	1608.67 \pm 369.39*	87.27 \pm 45.11

n = 3

* p = 0.0496

Example 12. Protein modification as a result of UV exposure

The final chemical species present after photoactivation are specific for a given set of exposure conditions and the composition of the matrix solution (as described above). For simple polypeptides containing any of the three primary UV absorbing (UV-B) amino acids (cystine, tryptophan, tyrosine) the consequences of UV exposure can lead to amide bond cleavage, disulfide bond cleavage, alteration of absorbing amino acids and alteration of adjacent or close proximity amino acids. These changes are brought about by direct photoionization or photoexcitation and indirectly by radical formation from other constituents. The nature and extent of these modifications is highly dependent on the chemical reactivities of the species generated and other constituents reactive tendencies or stabilizing/quenching capabilities. For this size of molecule any alteration generally results in dramatic changes in biological function.

These same reactions can take place in larger proteins, however secondary and tertiary structural elements present differing substrates for UV exposure in spite of similar amino acid sequences. Therefore, the hydrophobic/hydrophilic nature and proximal amino acids from distant chain sequences as a result of folding alter the micro-environment

1 and therefore influence the degree and nature of the modification, in addition to other
constituents issues stated above. Given the predominance of the tryptophan absorption
profile in this UV band width, it is thought to be the primary site of the initial
photoactivation process, but direct action on cysteine and tyrosine are also viable.

5 The mechanism for indirect amino acid modifications has been proposed as local
hydrated electron generation or direct energy transfer from the primary absorbing site.
The primary observed changes for large proteins focus on measurable
chemical/biochemical changes such as absorption and fluorescence determinations of
9 aromatic amino acids which relate to global modifications. Individual amino acid
alterations be detected in this group of proteins where sulfhydryl content can be
determined as evidence of cysteine disulfide cleavage and/or where a critical amino acid for
function is involved. For smaller proteins amino acid hydrolysis and complete
13 quantitation can be performed. The primary concern for functional large proteins, such as
enzymes, receptor, or antibodies, is therefore not specific amino acid modification but the
consequences of any change on their biological function, and has invariably been described
as loss of enzyme function, receptor recognition, or antigen binding.

17
Example 13. UV Exposed B43-13/CA125 antibody/antigen complex Produces
Better CA125 Specific Cellular immune Response and better humoral response.

21 Better cellular immune response was observed when the UV exposed antibody was
presented in association with the antigen to T-cells. Thus, macrophages isolated from
mouse peritoneal cavities were stimulated with native B43.13 or UV exposed B43.13 in
association with CA125 and presented to CA125 specific mouse T-cells isolated from mice
25 injected with CA125. Control experiments included stimulation of the macrophages
without the antigen. When the proliferation of T-cells as monitored by [³H] - thymidine
uptake was followed, optimal stimulation index was observed in macrophages stimulated
with UV exposed B43.13 - CA125 complex. The results are summarized in Table 8 below.

1

Table 8

5

STIMULATING AGENT ¹	STIMULATION INDEX ²
CA125	2.76
Native MAb — B43.13	3.98
UV-exposed MAb — B43.13	3.31
Native MAb — B43.13 — CA125	4.71
UV-exposed MAb — B43.13 — CA125	5.28

9

13

1. 1 μ g/ml of the antibody and 100 Units/ml CA125 were used.
2. Mean of three individual experiments done in triplicate.

Example 14.

17

Three derivatives of scFv with additional C-terminal extensions containing mouse and human tuftsin (pDL-6 and pDL-11), or a control sequence (pDL-10), were designed. To construct plasmids pDL-6, pDL-10, and pDL-11, DNA oligodeoxyribonucleotides (5'-GAATTCTGGAGGTGGTACCCAGCCTAGGTAGC-3',

21

5'-GAATTCAGCTGGAGGTGGTGGATGTGC-3', and
5'-GAATTCTGGAGGTGGTACCAAGCCTAGGTAGC-3')

25

coding for the amino acid sequences N-SerGlyGlyGlyThrGlnProArg-C, N-SerAlaGlyGlyGlyGlyCysAla-C, and N-SerGlyGlyGlyThrLysProArg-C, were used by inserting fragments in *Eco*RI and *Eag*I sites of pPIC-B43. The plasmid DNAs were transformed into competent GS115 cells by electroporation and the resulting transformants

1 were selected on histidine-deficient media. All positive clones obtained were isolated,
cultured in induction media, and analyzed for protein expression in SD S-PAGE followed
by Commassie staining. The scFv-tuftsins were produced in minimal media to
simplify some downstream protein purification process.

5 In order to evaluate the anti-idiotypic response, six to 8-week-old BALB/c mice
were immunized with 50 μ g scFv-tuftsins subcutaneously (Day 0). Two weeks later the mice
were received 25 μ g of scFv-tuftsins intraperitoneally. The serum of mice was collected on
Day 7, 14 and 21.

9 The anti-idiotypic antibody production was detected by enzyme-linked
immunosorbent assay (ELISA). Briefly, chimeric B43.13 was coated to a solid surface and
then blocked by 3% BSA/PBS. The chimeric B43.13 was incubated with serum samples for
1 h and then incubated with goat anti-mouse H+L-HRPO for another hour, followed by
13 three washes with Tween 20/PBS. A color reaction was developed by adding 50 μ l of
substrate solution. Absorbance was read at 405nm. The same procedure was applied to
detect anti-anti-idiotypic antibody (Ab3) production except CA125 was coated to ELISA
plate at the beginning.

17 The data shows that it is possible to detect both Ab2 and Ab3 in the serum samples
and this indicates that scFv-tuftsins retained the idiotypic immunogenicity which could
trigger humoral immune response in mice. We found that the mice immunized with scFv-
tuftsins started to show strong anti-idiotypic antibody (Ab2) production after day 20 post
21 the first immunization. However, the anti-anti-idiotypic antibody (Ab3) production
appeared earlier, peaking around day 15. This indicates that the induction of an idiotypic
network response might be an important part of the effector mechanism in MAb-based
therapy.

25 **Example 15.** Construction and characterization of single chain antibody

The MAb B43.13 variable domain sequences were PCR-amplified using sequence

1 specific primers, and engineered into a cloning vector with scFv orientation of V1-linker-
Vh. The DNA fragment coding for the scFv was then sub-cloned into *P. pastoris* vector,
pPIC-9 with aF secretion signals, resulting in recombinant plasmid pPIC-B43.13. One
derivative of pPIC-B43.13 with additional C-terminal extensions containing one cysteine
5 (pDL10) was designed to form a disulfide bridge. Therefore, the antigen binding activity
can be enhanced by increase of avidity. To construct plasmids pDL10, DNA
oligodeoxyribonucleotides (5'-GAATTCAGCTGGAGGTGGTGGATGTGC-3') coding
for the amino acid sequences, N-SerAlaGlyGlyGlyGlyCysAla-C were used by inserting
9 fragments in *EcoRI* and *EagI* sites of pPIC-B43.13.

The plasmid DNAs were transformed into competent GS115 cells by
electroporation and the resulting transformants were selected on histidine-deficient media.
After screening for integration at the correct loci, (i.e. colonies can grow on a -
13 his/ + glycerol plate but grow slowly on a -his/ + methanol plate), all positive clones
obtained were isolated, cultured in induction media, and analyzed for protein expression in
SDS-PAGE followed by Coomassie staining, as we described previously (Luo et al., 1997).
The protein samples were dialysed against PBS and concentrated using Centricon 10 filter
17 (Amicon, Danvers, MA).

Purity of scFv-pDL10 were analyzed by SDS-PAGE under reducing condition.
CA125-binding specificity was determined using a ELISA in which microtiter plate wells
were coated with CA125, CA15.3 (a human breast cancer antigen), or CA19.9 (a human
21 colon cancer antigen). The bound single chain antibody was detected by peroxidase-labeled
goat ant-mouse H and L (Southern Bio. Associ.) For 1 hour at room temperature.
Following three washes, 50 μ l of ABTS substrate solution was added. The absorbance was
measured at 405nm.

25 Single chain Fv containing poly(lactic-co-glycolic acid) microspheres were prepared
by a double-emulsion technique with some modifications (Uchida et al., 1994). Na¹²⁵I
labeled scFv-pDL10 was used as a tracer to determine the loading efficiency. Briefly, scFv-
pDL10 (1.5 mg) and Na¹²⁵I-scFv-pDL10 (0.4 μ g) in PBS was mixed with 500 μ l of

1 chloroform containing 100 mg PLGA 50/50 (Lactel). The mixture was sonicated for 15 s
using a sonicator homogenizer (Heat System, New York). The resulting emulsion was
added to 2 ml of 9% poly(vinyl alcohol) (PVA, Aldrich, USA). Emulsification was
continued by sonicate on for 1 min. The emulsion was transferred to 8 ml of 9% PVA and
5 stirred for 2 hours for evaporation of the chloroform. Microspheres were recovered by
centrifugation (15 min, 15000 rpm) and have washed with distilled water and freeze dried
for at least 24 hours.

BALB/c female mice 6-8 weeks of age were used in all in vivo experiments. The
9 immunization groups included five groups: 1) immunized with PLGA microspheres, 2)
immunized with scFv-pDL10, 3) immunized with scFv-pDL10 formulated in PLGA
microspheres, and the other two groups immunized with the mixture of formulated scFv-
pDL10 and GM-CSF or TNF- α . After collection of pre-immune serum samples, groups of 4
13 mice received two subcutaneous immunizations on day 0 and day 14, followed by two
intraperitoneal immunizations on day 21 and day 28. The dose for immunization was 10
mg of the microspheres for s.c., 5 mg for i.p.. For the other groups that received no
microspheres, the dose of scFv-pDL10 matched the amount formulated. The cytokines
17 were purchased from R & D Systems (USA) and were given to mice at a dose of 0.1 μ g per
day. Tail vein blood samples were taken periodically into Microtainer tubes (Becton
Dickinson, USA) and frozen at -80°C until assay.

21 Example 16 . Dose

Those with skill in the art recognize that the administered dosage can vary widely
based on a wide set of different circumstances. The following provides preliminary dosage
guidelines.

25 Retrospective analysis of more than 100 patients who have been injected up to ten
times with a 2mg dose of MAb-B43.13 indicated that some of these patients experienced: a)
an unusual course of their disease, characterized by unexpectedly long survival times; and

1 b) no significant adverse reaction or toxicity.

Immunological studies were conducted to understand and evaluate the *in vivo* mechanism of action of MAb-B43.13. These studies indicated that the extent of anti-idiotypic induction in patients injected with a 2mg dose of MAb-B43.13 was unrelated to the number of injections or the clinical stage of their disease. However, anti-idiotypic induction is dependent on the levels of the circulating CA 125 present in the patient's sera. Additional experiments demonstrated that the injection of MAb-B43.13 into patients with measurable serum CA 125 led to the formation of antigen-antibody complexes, resulting in antigen epitope presentation and antigen-specific humoral and cellular response to the tumor.

These studies indicate that an effective dose requires only enough antibody to optimally deliver and present all possible circulating CA 125 antigen to the immune system. *In vitro* studies indicated that 1 ng of MAb-B43.13 can bind 10 units of CA 125. Assuming 40 mL of plasma per kg of body weight, the injection of 2 mg of MAb-B43.13 into a 60 kg patient can bind approximately 8333 U/mL of CA 125 in serum. Since all of the ovarian cancer patients tested to date have had far less than 8333 U/mL of CA 125 in their serum, an injection of 2 mg of MAb-B43.13 is more than sufficient to induce the required immune response. Additionally, in patients that received radiolabeled MAB-B43.13 for immunoscintigraphic confirmation of the disease, the results of imaging were excellent in spite of high serum CA 125, suggesting that there is excess MAB-B43.13 for specific tumor uptake.

Furthermore, multiple injections at selected intervals appear to provide optimal benefits to patients, since CA 125 is generated throughout the course of the disease.

Finally, the retrospective analysis showed that the 2 mg dose appears to have therapeutic efficacy; none of the patients (> 100) have developed any serious side effects or adverse reactions. If the total HAMA response is an indication of anti-idiotypic induction, a 2 mg dose generates significant levels of anti-idiotypic antibodies to produce the desired therapeutic benefit. Multiple injections of 2 mg of MAb-B43.13 at selected intervals appears

- 1 to maintain the anti-idiotypic antibodies at the desired therapeutic level without causing
any isotypic HAMA-induced toxicity.

A range of effective doses or a therapeutically acceptable amount of MAb-B43.13
therefore includes, but is not limited to, 2 mg or less.

5

- While the present invention has been described in some detail by way of illustration
and example, it should be understood that the invention is susceptible to various
modifications and alternative forms, and is not restricted to the specific embodiments set
9 forth. It should be understood that these specific embodiments are not intended to limit
the invention, and the intention is to cover all modifications, equivalents, and alternatives
falling within the spirit and scope of the invention.

1 We claim:

1. A method for inducing a host immune response against a multi-epitopic *in vivo* antigen, other than a tumor associated antigen, present in the host's serum, which antigen does not elicit a host immune response, the method comprising contacting the antigen with
5 a composition comprising a binding agent that specifically binds to a first epitope on the antigen and allowing the binding agent to form a binding agent/antigen pair wherein a host immune response is elicited against a second epitope on the antigen.
2. A method for inducing the production of an immune response against a multi-epitopic *in vivo* tumor associated antigen, other than a CA125, CA19.9 and CA15.3, present in a host's serum, the method comprising contacting the antigen with a
9 composition comprising a binding agent that specifically binds to a first epitope on the antigen and allowing the binding agent to form a binding agent/antigen pair wherein a host
13 immune response is elicited against a second epitope on the antigen.
3. A method for inducing an immune response against a cellular antigen that does not elicit a host immune response, the method comprising administering to the host a binding
17 agent that binds an epitope of a soluble form of the antigen in an amount of binding agent between 0.1 μ g and 2 mg per kg of body weight of the host.
4. A method for inducing an immune response against a cellular antigen that does not elicit a host immune response, the method comprising intravenously administering to the
21 host a binding agent that binds an epitope of a soluble form of the antigen.
5. The method according to any of claims 1-4, wherein the host immune response
25 comprises a cellular and humoral immune response.

- 1 6. The method according to any of claims 1-4, wherein the host immune response
comprises a cellular response.
7. The method according to any of claims 1-4, wherein the host immune response
5 comprises a humoral response.
8. The method according to any of claims 1-4, wherein the antigen is a soluble antigen.
- 9
9. The method according to any of claims 1-4, wherein the binding agent is an
antibody.
- 13 10. The method according to claim 9, wherein the antibody is a murine monoclonal
antibody.
11. The method according to claim 10, wherein the antibody does not induce isotypic
17 induced HAMA toxicity in the host.
12. The method according to claim 8, wherein the antigen is associated with a human
disease or pathological condition.
- 21
13. The method according to claim 12, wherein the disease or pathological condition is
cancer.
- 25 14. A therapeutic composition comprising a binding agent specific for a first epitope on
a multi-epitopic *in vivo* antigen, other than a tumor associated antigen, present in the host's

1 serum, wherein the binding agent specifically binds to a first epitope on the antigen and
forms a binding agent/antigen pair wherein a host immune response is elicited against a
second epitope on the antigen.

5 15. A therapeutic composition comprising a binding agent specific for a first epitope on
a multi-epitopic *in vivo* tumor associated antigen, other than a CA125, CA19.9 and
CA15.3, present in a host's serum, which antigen does not elicit a host immune response,
wherein the binding agent specifically binds to a first epitope on the antigen and forms a
9 binding agent/antigen pair wherein a host immune response is elicited against a second
epitope on the antigen.

13 16. A therapeutic composition comprising a binding agent specific for an epitope of a
cellular antigen which does not elicit a host immune response, in an amount sufficient to
administer binding agent at a concentration between 0.1 μ g and 2 mg per kg of body weight
of the host, wherein the binding agent binds to an epitope of a soluble form of the antigen
and induces an immune response against the antigen.

17 17. A therapeutic composition for intravenous administration comprising a binding
agent that binds an epitope of a soluble form of a cellular antigen which does not elicit a
host immune response, wherein the binding agent specifically binds to the epitope and
21 induces an immune response against the antigen.

25 18. The therapeutic composition according to any of claims 14-17, wherein the host
immune response comprises a cellular and humoral immune response.

19. The therapeutic composition according to any of claims 14-17, wherein the host
immune response comprises a cellular response.

- 1 20. The therapeutic composition according to any of claims 14-17, wherein the host
immune response comprises a humoral response.
- 5 21. The therapeutic composition according to any of claims 14-17, wherein the antigen
is a soluble antigen.
- 9 22. The therapeutic composition according to any of claims 14-17, wherein the binding
agent is an antibody.
- 13 23. The therapeutic composition according to claim 22, wherein the antibody is a
murine monoclonal antibody.
- 17 24. The therapeutic composition according to claim 23, wherein the antibody does not
induce HAMA in the host.
- 21 25. The therapeutic composition according to claim 21, wherein the antigen is
associated with a human disease or pathological condition.
- 25 26. The therapeutic composition according to claim 25, wherein the disease or
pathological condition is cancer.
- 27 27. The method according to any of claims 1-4, wherein the binding agent is
photoactivated.
- 28 28. The method according to claim 7, wherein the humoral response comprises anti-
idiotype antibodies.

- 1 29. The method according to claim 3, wherein the amount of binding agent is between
1 μ g and 200 μ g per kg of body weight of the host.
- 5 30. A method for inducing an immune response comprising determining that a high
level of pre-determined antigen is present in a patient, and administering a composition
comprising a binding agent according to the invention.
- 9 31. A method for inducing a host immune response against a pre-determined antigen
present in a host's serum, which antigen does not elicit a host immune response, the
method comprising contacting the antigen with a composition comprising a binding agent
that specifically binds to the antigen and allowing the binding agent to form a binding
agent/antigen pair wherein a beneficial host immune response is elicited against the
13 antigen.
- 17 32. The method of claims 1 to 4 wherein the immune response is a beneficial immune
response.
- 21 33. The composition of claims 14-17 wherein the immune response is a beneficial
immune response.

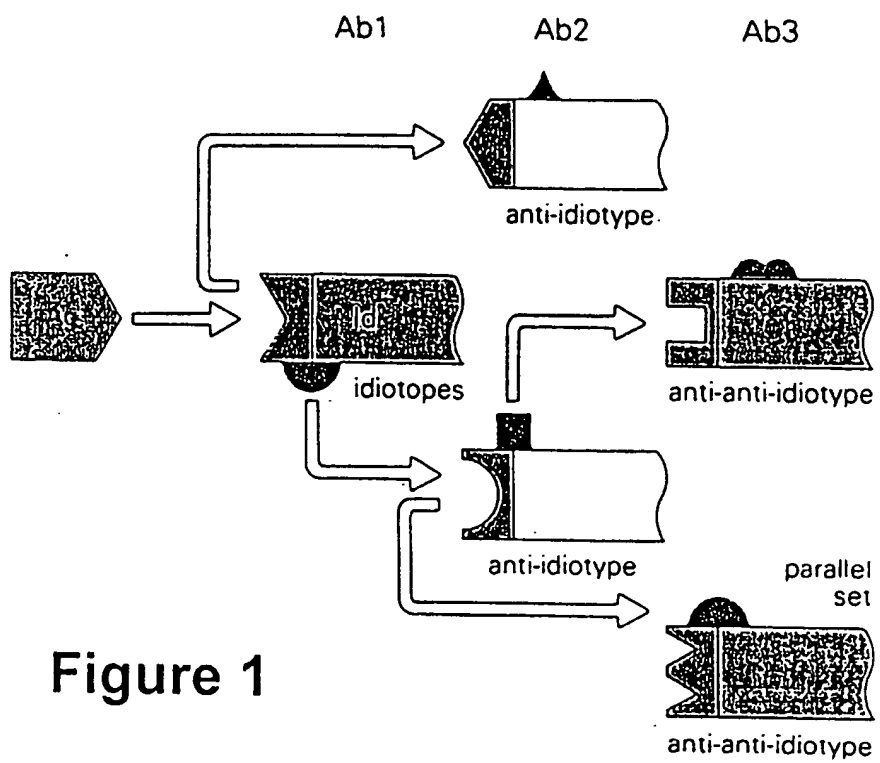
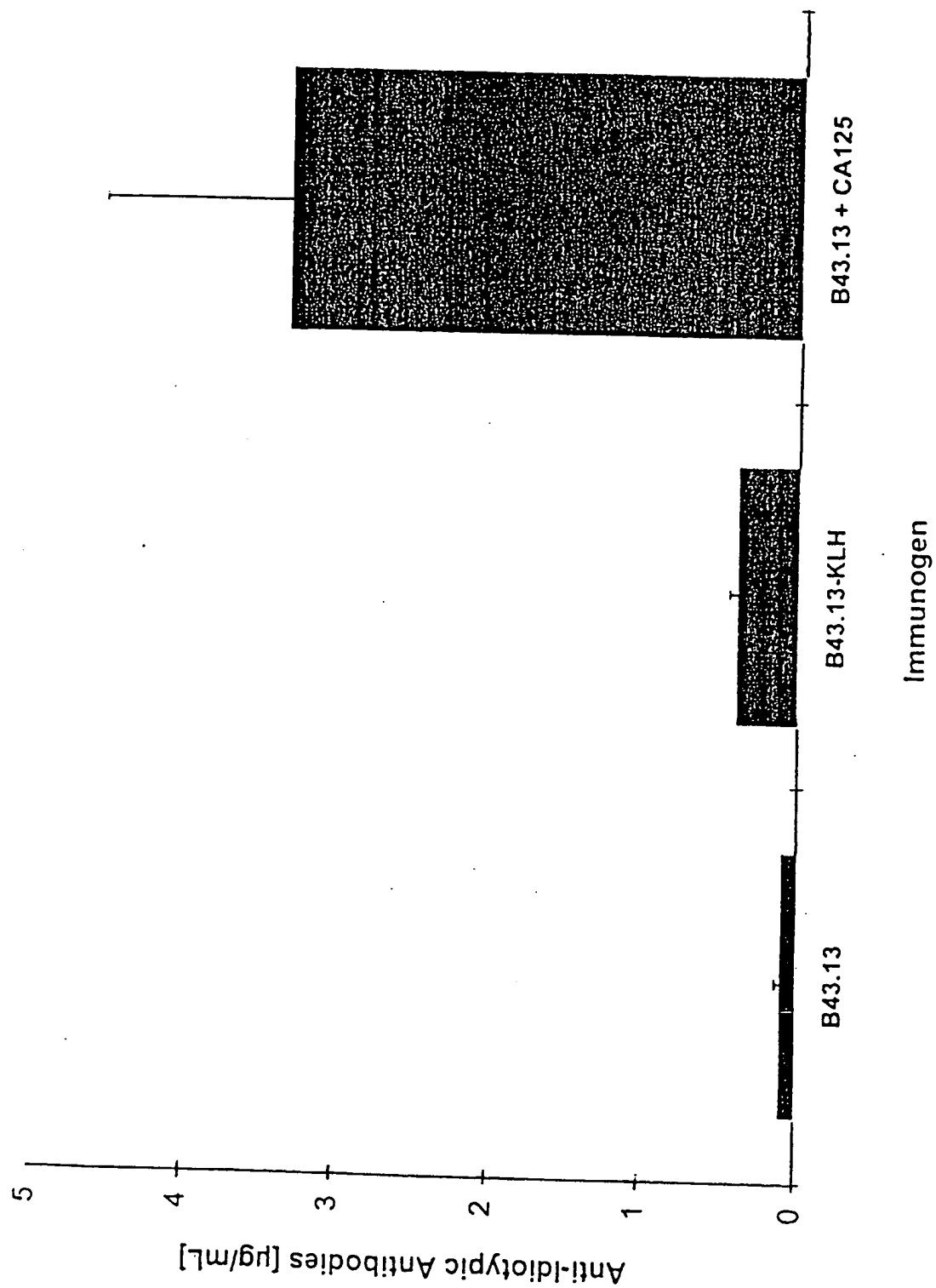


Figure 1

Figure 2



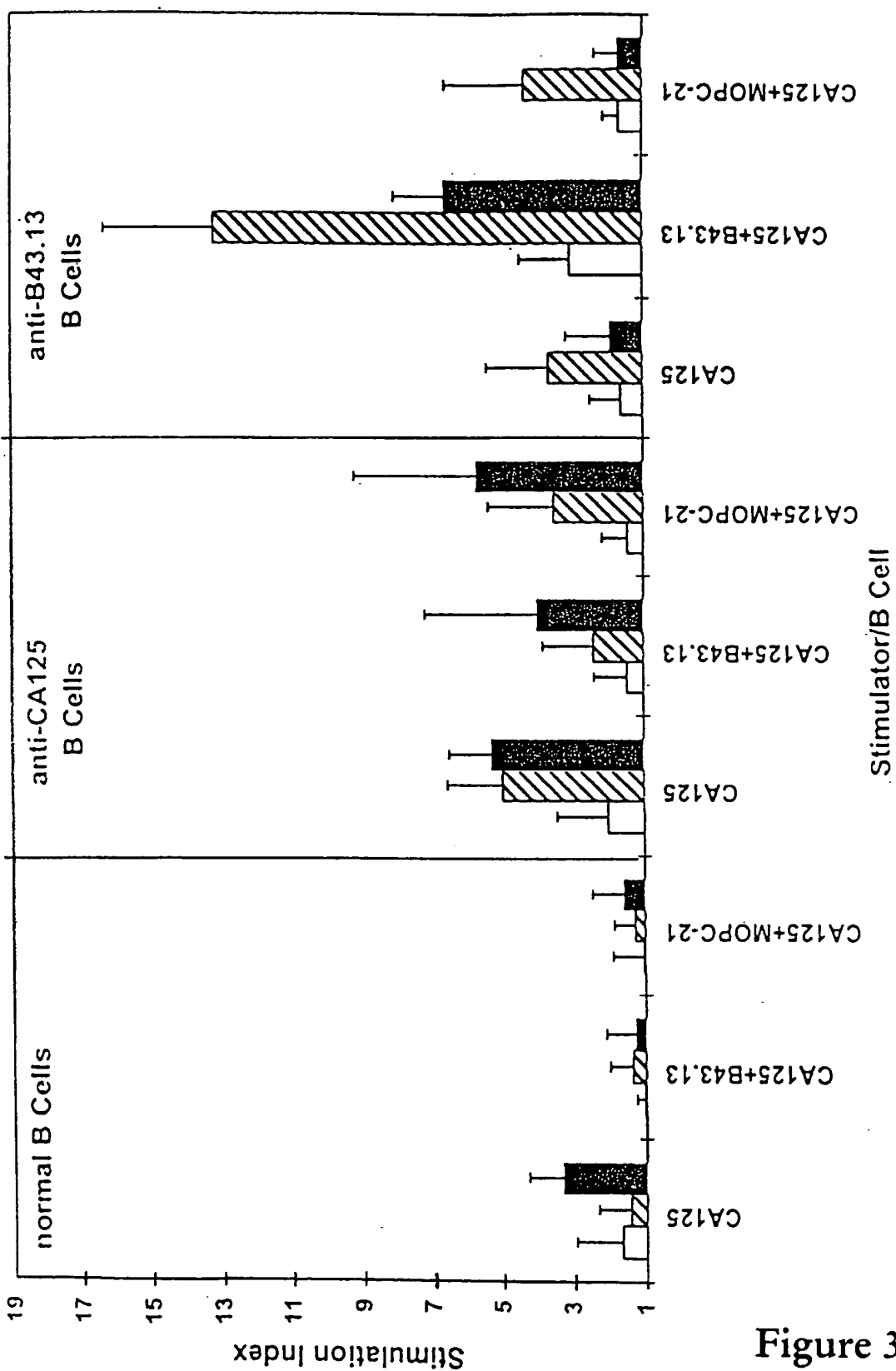


Figure 3

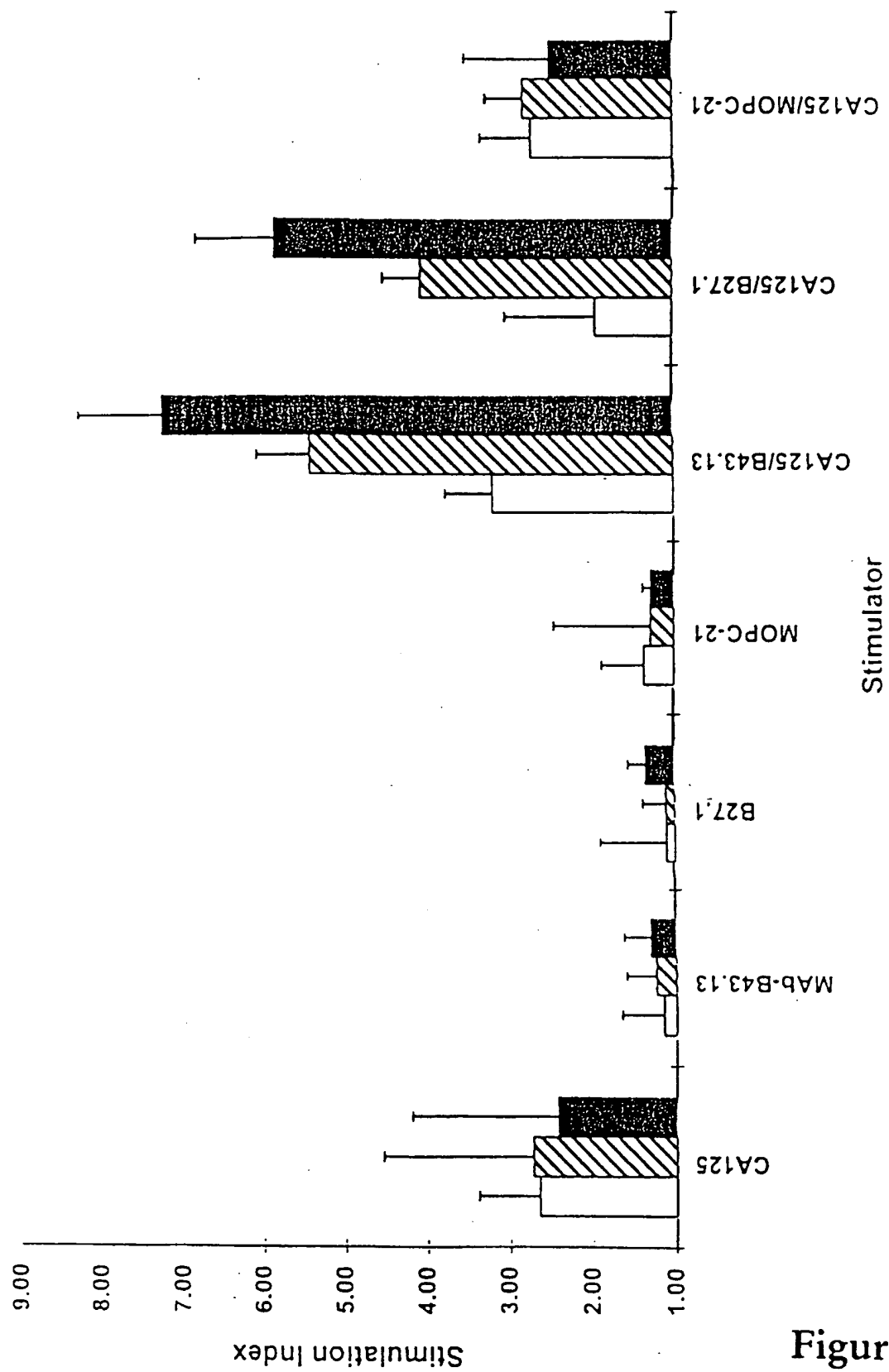
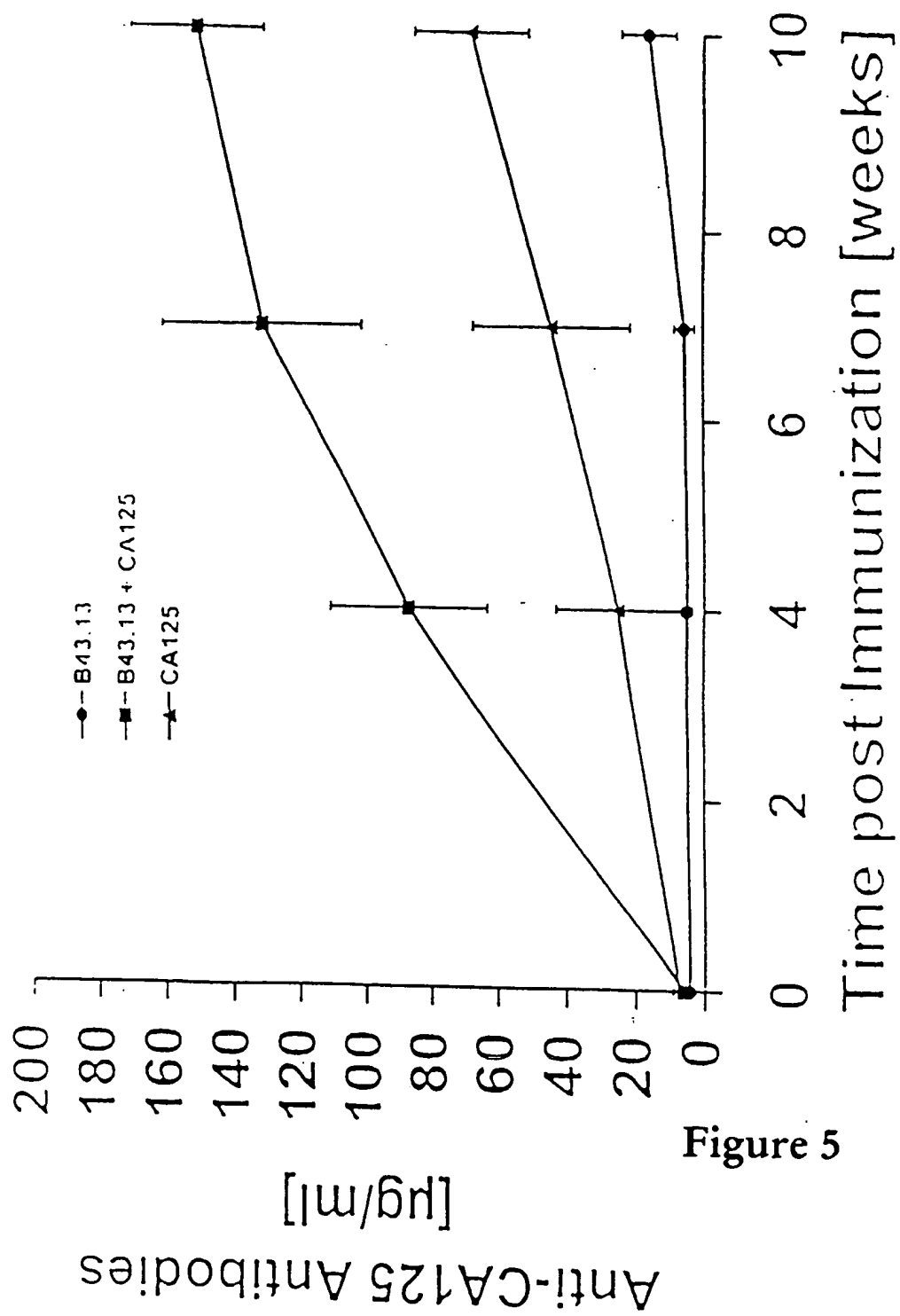


Figure 4



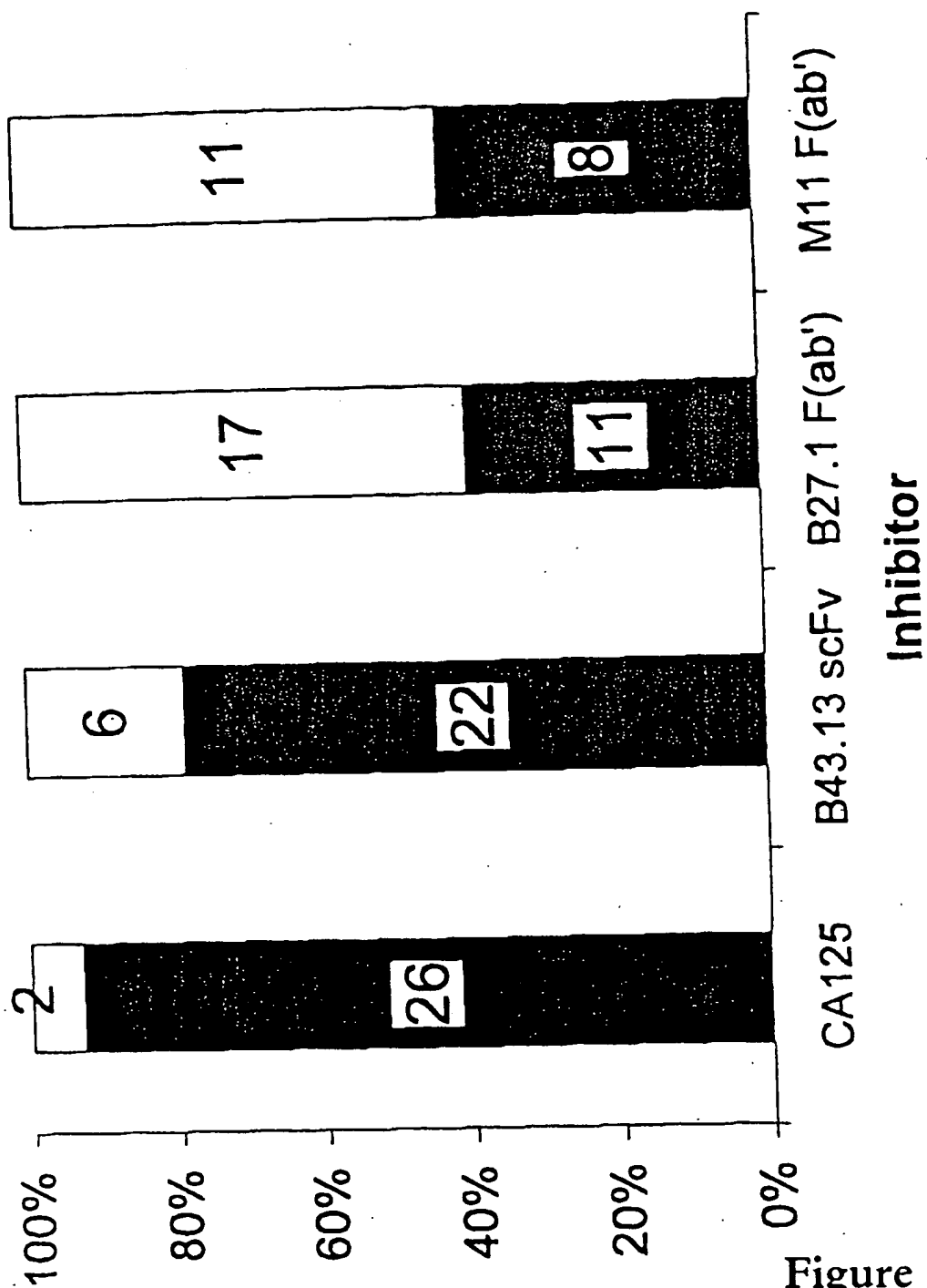


Figure 6